2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90645 018 ****70.00

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1. Entity Name
AMERICAN PRINTING HOUSE FOR THE BLIND, INC.

14002183

Principal Place of Business	Mailing Address
1839 FRANKFORT AVENUE LOUISVILLE, KY 40206	1839 FRANKFORT AVENUE LOUISVILLE, KY 40206

02102004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
61-0444640
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~TINSLEY, READLE~~ G
~~1011 DARTMOUTH DRIVE~~
~~BRADENTON, FL 34207~~

Charles E. Crozier
12 Coconut Court
Palm Coast, FL 32137

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 2-15-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	~~PARADIS, MR. JOSEPH A III~~ W. JAMES LITNER JR.
STREET ADDRESS	~~P.O. BOX 32230~~ 2904 Eastpoint Parkway
CITY-ST-ZIP	LOUISVILLE, KY ~~40232~~ 40223
TITLE	VC
NAME	DABNEY, MR. GORDON S
STREET ADDRESS	402 S. FOURTH STREET, SUITE 1101
CITY-ST-ZIP	LOUISVILLE, KY 40202
TITLE	P
NAME	~~TINSLEY, TUCK III~~
STREET ADDRESS	1839 FRANKFORT AVENUE
CITY-ST-ZIP	LOUISVILLE, KY 40206
TITLE	V
NAME	KEEFE, DONALD J
STREET ADDRESS	1839 FRANKFORT AVENUE
CITY-ST-ZIP	LOUISVILLE, KY 40206
TITLE	ST
NAME	BEAVIN, WILLIAM G
STREET ADDRESS	1839 FRANKFORT AVENUE
CITY-ST-ZIP	LOUISVILLE, KY 40206
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/15/04 (502) 895-2405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #