


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000007196	
1. Entity Name AMERICAN PRINTING HOUSE FOR THE BLIND, INC.	

Principal Place of Business 1839 FRANKFORT AVENUE LOUISVILLE, KY 40206	Mailing Address 1839 FRANKFORT AVENUE LOUISVILLE, KY 40206
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DO NOT WRITE IN THIS SPACE



04192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 61-0444640	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CROZIER, CHARLES E
12 COCONUT CT.
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 N/A - Not Changing
Signature, typed or printed name of registered agent and the filer if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LITNER, W. JAMES JR. 2904 EASTPOINT KWAY LOUISVILLE, KY 40232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC DABNEY, MR. GORDON S 402 S. FOURTH STREET, SUITE 1101 LOUISVILLE, KY 40202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TINSLEY, TUCK III 1839 FRANKFORT AVENUE LOUISVILLE, KY 40206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KEEFE, DONALD J 1839 FRANKFORT AVENUE LOUISVILLE, KY 40206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BEAVIN, WILLIAM G 1839 FRANKFORT AVENUE LOUISVILLE, KY 40206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/04/05-80037-014 70.00

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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: Tuck Tinsley **4/19/05** **(502) 895-2405**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #