

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000007196

FILED
Mar 20, 2009
Secretary of State

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

Current Principal Place of Business:

1839 FRANKFORT AVENUE
LOUISVILLE, KY 40206

New Principal Place of Business:

Current Mailing Address:

1839 FRANKFORT AVENUE
LOUISVILLE, KY 40206

New Mailing Address:

P.O. BOX 6085
LOUISVILLE, KY 40206

FEI Number: 61-0444640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CROZIER, CHARLES E
12 COCONUT CT.
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: LITNER, W. JAMES JR.
Address: 2904 EASTPOINT KWAY
City-St-Zip: LOUISVILLE, KY 40232

Title: VC () Delete
Name: DABNEY, MR. GORDON S
Address: 402 S. FOURTH STREET, SUITE 1101
City-St-Zip: LOUISVILLE, KY 40202

Title: P () Delete
Name: TINSLEY, TUCK III
Address: 1839 FRANKFORT AVENUE
City-St-Zip: LOUISVILLE, KY 40206

Title: V () Delete
Name: KEEFE, DONALD J
Address: 1839 FRANKFORT AVENUE
City-St-Zip: LOUISVILLE, KY 40206

Title: ST () Delete
Name: BEAVIN, WILLIAM G
Address: 1839 FRANKFORT AVENUE
City-St-Zip: LOUISVILLE, KY 40206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BARR, DR. CHARLES
Address: 301 E. MUHAMMAD ALI BLVD
City-St-Zip: LOUISVILLE, KY 40202

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: ZURKUHLIN, PAUL R
Address: 1839 FRANKFORT AVENUE
City-St-Zip: LOUISVILLE, KY 40206

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TUCK TINSLEY III

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

Date