

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 22, 2004
Secretary of State**

DOCUMENT# F02000004213

Entity Name: ASSOCIATION OF BLIND CITIZENS, INC.

Current Principal Place of Business:

1 MARIE CIRCLE
HOLBROOK, MA 02343

New Principal Place of Business:

Current Mailing Address:

1 MARIE CIRCLE
HOLBROOK, MA 02343

New Mailing Address:

FEI Number: 04-3519977 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEISINGER, VERNON
ROYAL PALM DRIVE VILLAGE GREEN
7000 20TH STREET, #883
VERO BEACH, FL 32966 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: D () Delete
Name: WILSON, JEFF
Address: 1 RIVER VIEW BLVD., UNIT 6-05
City-St-Zip: METHUEN, MA 01844

Title: DS () Delete
Name: LANGLOIS, BRIAN
Address: 18 HUNTERS RUN PLACE
City-St-Zip: HAVERHILL, MA 01832

Title: P () Delete
Name: OLIVEIRA, JOHN
Address: 1 MARIE CIRCLE
City-St-Zip: HOLBROOK, MA 02343

Title: VP () Delete
Name: PYYHKAL, MIKA
Address: 15 RANSON RD.
City-St-Zip: BRIGHTON, MA 02135

Title: T () Delete
Name: NASON, CHRIS
Address: 25 GODWIN AVE.
City-St-Zip: MALDEN, MA 02148

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILSON, JEFF
Address: 200 MARKET STREET, UNIT 119
City-St-Zip: LOWELL, MA 01852

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

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

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

Title: T (X) Change () Addition
Name: NASON, CHRIS
Address: 975 MASSACHUSETTS AVENUE
City-St-Zip: ARLINGTON, MA 02475

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN OLIVEIRA

PRES

04/22/2004

Electronic Signature of Signing Officer or Director

_____ Date