

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004213

FILED  
Apr 20, 2009  
Secretary of State

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:**

P.O. BOX 246  
HOLBROOK, MA 02343

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: 200 MARKET STREET, UNIT 119  
City-St-Zip: LOWELL, MA 01852

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: PYYHKALA, MIKA  
Address: 15 RANSON RD.  
City-St-Zip: BRIGHTON, MA 02135

Title: D ( ) Delete  
Name: NASON, CHRIS  
Address: 2587 COUNTRYSIDE BLVD. #308  
City-St-Zip: CLEARWATER, FL 33761

Title: T ( ) Delete  
Name: DAWN, CULLEN V  
Address: 31 DALE ROAD  
City-St-Zip: HOLBROOK, MA 02343

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: VP (X) Change ( ) Addition  
Name: PYYHKALA, MIKA  
Address: 61 MIDDLE STREET, APT. 2  
City-St-Zip: SOUTH BOSTON, MA 02127

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

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: JOHN OLIVEIRA

P

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date