

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004213

FILED
May 01, 2012
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:

P.O. BOX 246
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:

NASON, CHRISTINE
2041 AUSTRALIAN WAY WEST #47
CLEARWATER, FL 33761 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
Name: WILSON, JEFF
Address: 200 MARKET STREET, UNIT 119
City-St-Zip: LOWELL, MA 01852

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

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

Title: VP
Name: PYYHKALA, MIKA
Address: 61 MIDDLE STREET, APT. 2
City-St-Zip: SOUTH BOSTON, MA 02127

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

Title: T
Name: ROBERTA, OLIVEIRA M
Address: 1 MARIE CIRCLE
City-St-Zip: HOLBROOK, MA 02343

I hereby 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 all other like empowered.

SIGNATURE: JOHN OLIVEIRA

PRES

05/01/2012

Electronic Signature of Signing Officer or Director

Date