


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90068 044 ****61.25

DOCUMENT # F02000004213

1. Entity Name
ASSOCIATION OF BLIND CITIZENS, INC.



Principal Place of Business Mailing Address
1 MARIE CIRCLE **1 MARIE CIRCLE**
HOLBROOK MA 02343 **HOLBROOK MA 02343**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **04-3519977** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MEISINGER, VERNON
ROYAL PALM DRIVE VILLAGE GREEN
7000 20TH STREET, #883
VERO BEACH FL 32966

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

3. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, JEFF	
STREET ADDRESS	1 RIVER VIEW BLVD., UNIT 6-05	
CITY-ST-ZIP	METHUEN MA 01844	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LANGLOIS, BRIAN	
STREET ADDRESS	18 HUNTERS RUN PLACE	
CITY-ST-ZIP	HAVERHILL MA 01832	
TITLE	P	<input type="checkbox"/> Delete
NAME	OLIVEIRA, JOHN	
STREET ADDRESS	1 MARIE CIRCLE	
CITY-ST-ZIP	HOLBROOK MA 02343	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PYYHKAL, MIKA	
STREET ADDRESS	15 RANSON RD.	
CITY-ST-ZIP	BRIGHTON MA 02135	
TITLE	T	<input type="checkbox"/> Delete
NAME	NASON, CHRIS	
STREET ADDRESS	25 GODWIN AVE.	
CITY-ST-ZIP	MALDEN MA 02148	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Signature Required* 1/06/03 781-961-1023

CR2E037 (10/02)