2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2007 08:00 A
Secretary of State

DOCUMENT # N00000007923

1. Entity Name
FLORIDA OUTREACH CENTER FOR THE BLIND, INC.

Principal Place of Business	Mailing Address
1280 NORTH CONGRESS AVE SUITE 108 WEST PALM BEACH, FL 33409	1386 VICTORIA DRIVE WEST PALM BEACH, FL 33406

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08232007 No Chg-NP CR2E037 (4/06)

4. FEI Number
55-0827232
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LAPP, CAROLYN
1386 VICTORIA DRIVE
WEST PALM BEACH, FL 33406

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8. 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)

Filing Fee is $61.25
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DUNLAP, CRAIG
STREET ADDRESS	1012 VIA JARDIN
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	VD
NAME	LAPP, WILLIAM
STREET ADDRESS	1386 VICTORIA DR.
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	SD
NAME	FLEAGLE, NOREEN
STREET ADDRESS	2300 WARE DR
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	TD
NAME	FLEAGLE, HENRY
STREET ADDRESS	2300 WARE DR
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	M
NAME	LAPP, CAROLYN
STREET ADDRESS	1386 VICTORIA DR.
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	D
NAME	EVANS, DAVID
STREET ADDRESS	19601 CAROLINA CIR
CITY-ST-ZIP	BOCA RATON, FL 33434

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09/07/07-80005-005 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Carolyn Lapp 8/23/07 561-640-6029
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #