2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# N03000010328

Entity Name: THE LEARNING CENTER FOR VISION IMPAIRED SENIORS OF BROWARD COUNTY, INC.

Current Principal Place of Business:

9606 NW 26 ST
SUNRISE, FL 333222727

New Principal Place of Business:

9606 NW 26 ST
SUNRISE, FL 33322

Current Mailing Address:

9606 NW 26 ST
SUNRISE, FL 333222727

New Mailing Address:

FEI Number: 55-0854450 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IOANNOU, JOHN JR ESQ
MATLIN & DANNA
2300 GLADES RD STE 400
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

IOANNOU JR., JOHN ESQ.
IOANNOU & IOANNOU LLP.
8821 SW 8 ST.
PLANTATION, FL 33324 US

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: JOHN IOANNOU JR. ESQ. 01/04/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: BISBIKOS, GEORGE
Address: 9606 NW 26 ST
City-St-Zip: SUNRISE, FL 33322

Title: DV ( ) Delete
Name: SEITZ, BARBARA
Address: 1740 E OAK KNOLL CIR
City-St-Zip: FT LAUDERDALE, FL 33324

Title: ST ( ) Delete
Name: SACCO, LINDA
Address: 9606 NW 26 ST
City-St-Zip: SUNRISE, FL 33322

Title: D ( ) Delete
Name: CHACON, CELIA
Address: 711 N PINE ISLAND RD APT 115
City-St-Zip: SUNRISE, FL 33322

Title: D ( ) Delete
Name: BENSON, JACK DDS
Address: 10665 NW 3 ST
City-St-Zip: PLANTATION, FL 33324

Title: D (X) Delete
Name: ROSENTHAL, SANFORD
Address: 3360 NE 33 ST APT 4
City-St-Zip: FT LAUDERDALE, FL 33308

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

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 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: GEORGE BISBIKOS D/P 01/04/2005
Electronic Signature of Signing Officer or Director — Date