## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000010328

FILED Jan 17, 2006 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 9606 NW 26 ST 9606 NW 26 ST SUNRISE, FL 33322 SUNRISE, FL 33322 US **Current Mailing Address: New Mailing Address:** 9606 NW 26 ST 9606 NW 26 ST SUNRISE, FL 333222727 SUNRISE, FL 333222727 US FEI Number: 55-0854450 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: IOANNOU JR., JOHN ESQ. IOANNOU & IOÁNNOU 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete DP () Change () Addition BISBIKOS, GEORGE Name: Name: 9606 NW 26 ST Address: Address: City-St-Zip: SUNRISE, FL 33322 City-St-Zip: Title: DV () Delete Title: () Change () Addition SEITZ, BARBARA Name: Name: Address: 1740 E OAK KNOLL CIR Address: City-St-Zip: FT LAUDERDALE, FL 33324 City-St-Zip: Title: () Delete Title: () Change () Addition SACCO, LINDA Name: Name: 9606 NW 26 ST Address: Address: City-St-Zip: SUNRISE, FL 33322 City-St-Zip: (X) Change ( ) Addition Title: ( ) Delete Title: Name: CHACON, CELIA Name: CHACON, CELIA 711 N PINE ISLAND RD APT 115 8643 NW 10TH CT Address: Address: City-St-Zip: SUNRISE, FL 33322 City-St-Zip: PLANTATION, FL 33324 Title: () Delete Title: (X) Change ( ) Addition BENSON, JACK DDS LAZARUS, RONALD Name: Name: 10665 NW 3 ST 2083 AUGUSTA Address: Address: City-St-Zip: PLANTATION, FL 33324 City-St-Zip: WESTON, FL 33326 Title: () Delete Title: ( ) Change (X) Addition CASSAS, NICK Name: Name: Address: Address: 6464 NW 56TH DRIVE CORAL SPRINGS, FL 33067 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GEORGE BISBIKOS DP 01/17/2006