

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010328

FILED
Mar 21, 2009
Secretary of State

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

Current Principal Place of Business:

9606 NW 26 ST
SUNRISE, FL 33322 US

New Principal Place of Business:

Current Mailing Address:

9606 NW 26 ST
SUNRISE, FL 33322727 US

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 JR., JOHN ESQ.
IOANNOU & IOANNOU LLP.
8821 SW 8 ST.
PLANTATION, FL 33324 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: 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: 8643 NW 10TH CT
City-St-Zip: PLANTATION, FL 33324

Title: D () Delete
Name: GANNOTTA, GAIL
Address: 412 NE 24TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Delete
Name: CASSAS, NICK
Address: 6464 NW 56TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33067

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
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City-St-Zip:

Title: () Change () Addition
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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 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: BARBARA SEITZ

DV

03/21/2009

Electronic Signature of Signing Officer or Director

Date