

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010328

FILED
Jan 18, 2011
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
Name: BISBIKOS, GEORGE
Address: 9606 NW 26 ST
City-St-Zip: SUNRISE, FL 33322

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

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

Title: D
Name: CHACON, CELIA
Address: 8643 NW 10TH CT
City-St-Zip: PLANTATION, FL 33324

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

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

I hereby 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 all other like empowered.

SIGNATURE: BARBARA SEITZ

DV

01/18/2011

Electronic Signature of Signing Officer or Director

Date