2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010328

FILED Jan 12, 2012 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

SUNRISE, FL 33322 US

Current Mailing Address: New Mailing Address:

9606 NW 26 ST

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 & 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:

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:

 Name:
 CHACON, CELIA

 Address:
 8643 NW 10TH CT

 City-St-Zip:
 PLANTATION, FL 33324

Title:

 Name:
 GANNOTTA, GAIL

 Address:
 412 NE 24TH AVENUE

 City-St-Zip:
 POMPANO BEACH, FL 33062

Title: [

 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 01/12/2012