2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011565

FILED Apr 28, 2005 Secretary of State

Entity Name: BLIND SERVICES FOUNDATION OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 1320 EXECUTIVE CENTER CIRCLE DRIVE **ROOM 100 - ATKINS BUILDING** TALLAHASSEE, FL 323992050 **New Mailing Address: Current Mailing Address:** 1320 EXECUTIVE CENTER CIRCLE DRIVE 4700 MILLENIA BLVD **ROOM 100 - ATKINS BUILDING** SUITE 175 TALLAHASSEE, FL 323992050 ORLANDO, FL 32839 FEI Number: 55-0888147 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: S. CRAIG KISER 1320 EXECUTIVE CENTER CIRCLE DRIVE **ROOM 100 - ATKINS BUILDING** TALLAHASSEE, FL 323992050 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 () Change (X) Addition KNOPKE, KEENAN L Name: Name: Address: Address: 725 GRAND CIRCLE City-St-Zip: City-St-Zip: TEMPLE TERRACE, FL 33617 Title: Title: () Change (X) Addition () Delete AMARCHAND, LINGAPPA Name: Name: Address: Address: 14382 HUNT CLUB LANE City-St-Zip: City-St-Zip: SPRING HILL, FL 34609 Title: () Delete Title: () Change (X) Addition BETHEL, CHARLES G Name: Name: 8441 NW 197TH TERRACE Address: Address: City-St-Zip: City-St-Zip: HIALEAH, FL 33015 Title: () Delete Title: DIR () Change (X) Addition Name: Name: CAPEN, RAE K 3 CAPEHART DRIVE Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32801 Title: () Delete Title: () Change (X) Addition MILLIGAN, ROBERT F Name: Name: PO BOX 6099 Address: Address: City-St-Zip: City-St-Zip: MIRAMAR, FL 32550 Title: () Delete Title: () Change (X) Addition RICE, SYLVIA K Name: Name: Address: Address: 23 KASEY DRIVE ORLANDO, FL 32807 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 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: GILFORD G ROBINSON CEO 04/28/2005