

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011565

FILED
Feb 08, 2007
Secretary of State

Entity Name: BLIND SERVICES FOUNDATION OF FLORIDA, INC.

Current Principal Place of Business:

4700 MILLENIA BLVD
SUITE 175
ORLANDO, FL 328396015 US

New Principal Place of Business:

Current Mailing Address:

4700 MILLENIA BLVD
SUITE 175
ORLANDO, FL 32839 US

New Mailing Address:

FEI Number: 55-0888147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

S. CRAIG KISER
DIV OF BLIND SERVEICES,325 WEST GAINES ST
RM 1114,TURLINGTON BLDG
TALLAHASSEE, FL 32399 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: DIR () Delete
Name: KNOPKE, KEENAN L
Address: 725 GRAND CIRCLE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: DIR () Delete
Name: AMARCHAND, LINGAPPA
Address: 14382 HUNT CLUB LANE
City-St-Zip: SPRING HILL, FL 34609

Title: DIR () Delete
Name: BETHEL, CHARLES G
Address: 8441 NW 197TH TERRACE
City-St-Zip: HIALEAH, FL 33015

Title: DIR () Delete
Name: CAPEN, RAE K
Address: 3 CAPEHART DRIVE
City-St-Zip: ORLANDO, FL 32801

Title: DIR () Delete
Name: MILLIGAN, ROBERT F
Address: PO BOX 6099
City-St-Zip: MIRAMAR, FL 32550

Title: DIR () Delete
Name: RICE, SYLVIA K
Address: 23 KASEY DRIVE
City-St-Zip: ORLANDO, FL 32807

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:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
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 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: GILFORD G ROBINSON

CEO

02/08/2007

Electronic Signature of Signing Officer or Director

Date