

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011565

FILED
Feb 01, 2010
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:

KISER, S. CRAIG
256 COCOA LANE
VENICE, FL 34293 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
Name: KNOPKE, KEENAN L
Address: 725 GRAND CIRCLE
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: DIR
Name: VAUGHN, JOHN
Address: 12740 CHARDON COURT
City-St-Zip: FORT MYERS, FL 33912

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

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

Title: DIR
Name: ROSS, DONNA M
Address: 4418 BLANTYRE PLACE
City-St-Zip: VALRICO, FL 33594

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

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: KEENAN L. KNOPKE

DIR

02/01/2010

Electronic Signature of Signing Officer or Director

Date