

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011565

FILED  
Jan 11, 2012  
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:**

325 W. GAINES STREET  
ROOM 1114, TURLINGTON BUILDING  
TALLAHASSEE, FL 32399 US

**Current Mailing Address:**

4700 MILLENIA BLVD  
SUITE 175  
ORLANDO, FL 32839 US

**New Mailing Address:**

325 W. GAINES STREET  
ROOM 1114, TURLINGTON BUILDING  
TALLAHASSEE, FL 32399 US

**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:**

KISER, CRAIG  
256 COCOA LANE  
VENICE, FL 34293 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: CRAIG KISER

01/11/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: VCMN  
Name: TOWNE, DOUGLAS G  
Address: 12552 BELCHER ROAD S.  
City-St-Zip: LARGO, FL 33773

Title: SEC  
Name: BROWN, SHERYL  
Address: 1106 W. PLATT STREET  
City-St-Zip: TAMPA, FL 33606

Title: TREA  
Name: MILES, BRUCE  
Address: 590 HAMMOCK COURT  
City-St-Zip: MARCO ISLAND, FL 34145

Title: DIR  
Name: ROSS, DONNA M  
Address: 4418 BLANTYRE PLACE  
City-St-Zip: VALRICO, FL 33596

Title: DIR  
Name: GARCIA, JESUS  
Address: 5955 W. 16TH LAND  
City-St-Zip: HIALEAH, FL 33012

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: CRAIG KISER

DIR

01/11/2012

Electronic Signature of Signing Officer or Director

Date