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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name NO5760 The Florida Assoc. f/t Deaf/Blind & Multi-handicapped, Inc. REINSTATEMENT 96-97			
Principal Place of Business 119 West 8th St. Jacksonville, Fl. 32206		Mailing Address 119 West 8th Street Jacksonville, Fl. 32206	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 25 119 West 8th. Street 26 Suite, Apt. #, etc. 27 City & State 28 Jacksonville, Fl. 29 Zip Country 30 32206 Duval	
9. Name and Address of Current Registered Agent Garcia, Lillian 568 Rockingham Road Orange Park, FL. 32073			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <i>Lillian Garcia Executive Director</i> DATE <i>6/5/97</i>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D Stallwood, Bill 8129 Ft Caroline Rd. Jacksonville, FL. 32211	1. TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Charles Petrilli 1110 Nightengale Rd. Jacksonville, FL. 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D Dan Johnson 2845 Corinthian Ave. Jacksonville, FL. 32210	2. TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Morford, Delores, M.Ed. 3604 University Blvd/ Jacksonville, FL. 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D Stan Storey 207 Meadowbluff Dr. Yulee, FL. 32097	3. TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D Anderson, Joy 8131 Ft Caroline Rd. Jacksonville, FL. 32211	4. TITLE NAME STREET ADDRESS CITY - ST - ZIP	600002213756--0 -06/16/97--01178--015 ***306.25 ***306.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Henkel, Ann 2165 Dalwood Ave Jacksonville, FL.	5. TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D William Vogel 9124 Runnymede Rd. Jacksonville, FL. 32257	6. TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Adrian</i> 6/12/97
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an appears in Block SIGNATURE <i>Bill R. Stallwood, Pres.</i> DATE <i>4/30/97</i> (904) 743-8455			