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Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N05760** (6)

1. Corporation Name

THE FLORIDA ASSOCIATION FOR DEAF-BLIND AND MULTI-HANDICAPPED, INC.

Principal Place of Business

Mailing Address

**119 WEST 8TH STREET
JACKSONVILLE FL 32206**

**119 WEST 8TH STREET
JACKSONVILLE FL 32206**



3. Date Incorporated or Qualified

10/19/1984

4. FEI Number

59-2486542

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARCIA, LILLIAN
568 ROCKINGHAM ROAD
ORANGE PARK FL 32073**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME **PD SMALLWOOD, BILL**

1.2 NAME **VD May, Charles S.**

STREET ADDRESS **8129 FT CAROLINE RD**

1.3 STREET ADDRESS **4020 Univ. Blvd.W.**

CITY-ST-ZIP **JACKSONVILLE FL 32211**

1.4 CITY-ST-ZIP **Jacksonville, FL. 32217**

TITLE ☒ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME **VD JOHNSON, DAN**

2.2 NAME **D Garza, Michael**

STREET ADDRESS **2845 CORINTHIAN AVE.**

2.3 STREET ADDRESS **7748 Hilsdale Harbour Ct.**

CITY-ST-ZIP **JACKSONVILLE FL 32210**

2.4 CITY-ST-ZIP **Jacksonville, FL. 32216**

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME **TD STOREY, STAN**

3.2 NAME **D Smith, Stephen**

STREET ADDRESS **207 MEADOWBLUFF DRIVE**

3.3 STREET ADDRESS **12810 Mandarin Rd.**

CITY-ST-ZIP **YULEE FL 32097**

3.4 CITY-ST-ZIP **Jacksonville, FL. 32223**

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☒ Addition

NAME **SD ANDERSON, JOY**

4.2 NAME **D Sewell, Floyd**

STREET ADDRESS **8131 FT CAROLINE RD**

4.3 STREET ADDRESS **198 Arora Blvd., #1101**

CITY-ST-ZIP **JACKSONVILLE FL 32211**

4.4 CITY-ST-ZIP **Orange, Park, FL. 32073**

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **D HENKEL, ANN**

5.2 NAME

STREET ADDRESS **2185 DELLWOOD AVE**

5.3 STREET ADDRESS

CITY-ST-ZIP **JACKSONVILLE FL**

5.4 CITY-ST-ZIP

TITLE ☒ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **D VOGEL, WILLIAM**

6.2 NAME

STREET ADDRESS **9124 RUNNYMEADE RD.**

6.3 STREET ADDRESS

CITY-ST-ZIP **JACKSONVILLE FL 32257**

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

4/20/98

(904) 720-2121

CR2E037 (10/97)