

FILE NOW: FILING FEE IS-\$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90170 038 ****70.00

DOCUMENT # N05760

1. Corporation Name

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

Principal Place of Business

119 WEST 8TH STREET
JACKSONVILLE FL 32206

Mailing Address

119 WEST 8TH STREET
JACKSONVILLE FL 32206

520820 - 90170 - 38



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

10/19/1984

4. FEI Number

59-2486542

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GARCIA, LILLIAN
568 ROCKINGTHAN 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 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	VD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAY, CHARLES S	1.2 NAME	Smallwood, Bill
STREET ADDRESS	4020 UNIV BLVD W	1.3 STREET ADDRESS	8129 Ft. Caroline Rd
CITY-ST-ZIP	JACKSONVILLE FL 32217	1.4 CITY-ST-ZIP	Jacksonville FL 32211
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARZA, MICHAEL	2.2 NAME	Anderson, Joy
STREET ADDRESS	7748 HILSDALE HARBOUR CT	2.3 STREET ADDRESS	8183 Ft. Caroline Rd
CITY-ST-ZIP	JACKSONVILLE FL 32216	2.4 CITY-ST-ZIP	Jacksonville, FL 32211
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, STEPHEN	3.2 NAME	Storey, Stan
STREET ADDRESS	12810 MANDARIN RD	3.3 STREET ADDRESS	270 meadow bluff
CITY-ST-ZIP	JACKSONVILLE FL 32223	3.4 CITY-ST-ZIP	Yulee, FL 32097
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEWELL, FLOYD	4.2 NAME	
STREET ADDRESS	198 ARORA BLVD, #1101	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENKEL, ANN	5.2 NAME	
STREET ADDRESS	2165 DELLWOOD AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)