

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 01, 2002 8:00 am
Secretary of State

05-23-2002 90062 027 ****70.00

DOCUMENT # N05760

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

8129 Fort Caroline Road

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL 32277

Zip

Country

Zip

Country

32277

Duval

4. FEI Number

59-2486542

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, LILLIAN
 588 ROCKINGHAM ROAD
 ORANGE PARK FL 32073

Name
 Smallwood, Larry

Street Address (P.O. Box Number is Not Acceptable)
 4046 Schira Drive

City
 Jacksonville

FL

Zip Code
 32277

8. 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.

Joy S. Anderson

SIGNATURE

Joy S. Anderson, Secretary *Larry Smallwood* 4-29-02

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAY, CHARLES S 4020 UNIV BLVD W JACKSONVILLE FL 32217	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDERSON, JOY 8183 FT CAROLINE RD JACKSONVILLE FL 32211	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENKEL, ANN 2185 DELLWOOD AVE JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMALLWOOD, BILL 8129 FT CAROLINE RD JACKSONVILLE FL 32211	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STOREY, STAN 270 MEADOWBLUFF YULEE FL 32097	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Smallwood, Larry 4046 Schira Drive Jacksonville, FL 32277	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Anderson, Joy 8131 Fort Caroline Road Jacksonville, FL 32277	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Owens, Terry E. 1627 Lakewood Road Jacksonville, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Smallwood, Bill R. 8129 Fort Caroline Road Jacksonville, FL 32277	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Painter, Dr. Dewey (PhD) 7840 Fawn Oaks Court Jacksonville, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joy S. Anderson, Secretary*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02 904-619-5903
 Date Daytime Phone #

37129



DO NOT WRITE IN THIS SPACE

CR2037 (9/01)

THE FLORIDA ASSOCIATION FOR THE DEAF/BLIND
AND MULTI-HANDICAPPED, INC.
8129 Fort Caroline Road
Jacksonville, FL 32277
(904) 619-5903

Attachment
Document #
N05760

37129

June 25, 2002

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: Ref No N05760

Gentlemen:

Enclosed is the corrected annual report/uniform business report for our association which has been signed by our new registered agent, Larry Smallwood.

If anything further is required on our part, please advise.

Yours very truly,



Joy S. Anderson

Joy S. Anderson
Corporate Secretary

jsa

Enc.