


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90540 027 ****70.00

DOCUMENT # N05760

1. Entity 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

JUU40J44



2. Principal Place of Business
 121 East 8th ST #7
 Suite, Apt. #, etc.

3. Mailing Address
 121 East 8th ST #7
 Suite, Apt. #, etc.

04272005 Chg-NP CR2E037 (10/03)

City & State
 Jacksonville FL

City & State
 Jacksonville FL

Zip
 32206

Country
 Duval

Zip
 32206

Country
 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

GARCIA, LILLIAN
 119 WEST 8TH STREET
 JACKSONVILLE, FL 32206

7. Name and Address of New Registered Agent

Name Lillian Garcia

Street Address (P.O. Box Number is Not Acceptable)
 121 East 8th Street #7

City Jacksonville FL Zip Code 32206

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Lillian Garcia Exec. Director Lillian Garcia 4/27/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STONE, RICHARD 3500 UNIV. BLVD. N #1401 JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, LILLIAN 568 ROCKINGHAM RD. ORANGE PARK, FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLLINS, DONNA 736 TAMERLANE ST. DELTONA, FL 32725	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON, EVELINE P.O. BOX 54 WELAKA, FL 32193	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONE, TERESA 3500 UNIV. BLVD., N #1401 JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Lundy, Deborah 1182 Surrey Glenn Rd middleburg, FL 32068	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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)(i), 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: RICHARD J. STONE 4/29/05 904-646-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #