

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05760

FILED
May 01, 2006
Secretary of State

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

Current Principal Place of Business:

121 EAST 8TH ST #7
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

121 EAST 8TH ST #7
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 59-2486542 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GARCIA, LILLIAN
121 E 8TH ST #7
JACKSONVILLE, FL 32206 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STONE, RICHARD
Address: 3500 UNIV. BLVD. N #1401
City-St-Zip: JACKSONVILLE, FL 32277

Title: D () Delete
Name: GARCIA, LILLIAN
Address: 568 ROCKINGHAM RD.
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: COLLINS, DONNA
Address: 736 TAMERLANE ST.
City-St-Zip: DELTONA, FL 32725

Title: TD () Delete
Name: WILSON, EVELINE
Address: P.O. BOX 54
City-St-Zip: WELAKA, FL 32193

Title: D () Delete
Name: STONE, TERESA
Address: 3500 UNIV. BLVD., N #1401
City-St-Zip: JACKSONVILLE, FL 32277

Title: SD () Delete
Name: LUNDY, DEBORAH
Address: 1182 SURREY GLENN RD
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILLIAN GARCIA

EXEC

05/01/2006

Electronic Signature of Signing Officer or Director

Date