



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2007 8:00 am
Secretary of State

07-25-2007 90047 011 *****70.00

DOCUMENT # N05760 1. Entity Name THE FLORIDA ASSOCIATION FOR DEAF-BLIND AND MULTI-HANDICAPPED, INC.					
Principal Place of Business 121 EAST 8TH ST #7 JACKSONVILLE, FL 32206			Mailing Address 121 EAST 8TH ST #7 JACKSONVILLE, FL 32206		
2. Principal Place of Business - No P.O. Box # 7576 San Jose Blvd		3. Mailing Address 7576 San Jose Blvd			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		07102007 Chg-NP CR2E037 (12/06)	
City & State Jacksonville FL		City & State 7576 San Jose Blvd		4. FEI Number 59-2486542	
Zip 32217		Country Duval		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, LILLIAN 121 E 8TH ST #7 JACKSONVILLE, FL 32206		7. Name and Address of New Registered Agent Name Lillian Garcia Street Address (P.O. Box Number is Not Acceptable) 7576 San Jose Blvd City Jacksonville FL Zip Code 32217			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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	D 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	SD LUNDY, DEBORAH 1182 SURREY GLENN RD MIDDLEBURG, FL 32068	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____		7/11/07		904-646-2000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	