


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # N05760	
1. Entity Name THE FLORIDA ASSOCIATION FOR DEAF-BLIND AND MULTI-HANDICAPPED, INC.	

Principal Place of Business 7576 SAN JOSE BLVD JACKSONVILLE, FL 32217	Mailing Address 7576 SAN JOSE BLVD JACKSONVILLE, FL 32217
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03132008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2486542	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GARCIA, LILLIAN 7576 SAN JOSE BLVD JACKSONVILLE, FL 32217

**DO NOT WRITE
IN THIS SPACE**

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 Lillian Garcia Exec. Director 3/14/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE 04/10/08-80017-008 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STONE, RICHARD 3500 UNIV. BLVD. N #1401 JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, LILLIAN 568 ROCKINGHAM RD. ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, DONNA 736 TAMERLANE ST. DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON, EVELINE P.O. BOX 54 WELAKA, FL 32193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONE, TERESA 3500 UNIV. BLVD., N #1401 JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUNDY, DEBORAH 1182 SURREY GLENN RD MIDDLEBURG, FL 32068

**DO NOT WRITE
IN THIS SPACE**

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: Richard J. Stone RICHARD J. STONE, PRES. 3/14/08 904-646-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #