2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2010
Secretary of State

DOCUMENT# N05760

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

Current Principal Place of Business:

7576 SAN JOSE BLVD
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

7576 SAN JOSE BLVD
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 59-2486542 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GARCIA, LILLIAN
7576 SAN JOSE BLVD
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: LILLIAN GARCIA DIRE 04/28/2010

Electronic Signature of Signing Officer or Director — Date