NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05760

1. Entity Name

The Florida Assn. for the Deaf/Blind & Multihandicapped

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2. Principal Place of Business	3. Mailing Address
119 W. 8th Street	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, Fl	City & State: SAME
Zip: 32206 Country: Duval	Zip: SAME Country:

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4. FEI Number: 59-2486542 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Garcia, Lillian

Street Address (P.O. Box Number Is Not Acceptable): 119 W 8th Street

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 — Executive Director — 2/5/03

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

FEE IS $61.25 Initial or Amended UBR

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	PD
NAME	Richard Stone
STREET ADDRESS	3500 Univ. Blvd.N #1401
CITY-ST-ZIP	Jacksonville, Fl 32277
TITLE	VP
NAME	Toni Herlihy
STREET ADDRESS	8889 Sandusky Ave.,S
CITY-ST-ZIP	Jacksonville, Fl 32216
TITLE	SD
NAME	Anderson, Joy
STREET ADDRESS	8183 Ft. Caroline Rd.
CITY-ST-ZIP	Jacksonville, Fl 32277
TITLE	TD
NAME	Eveline Wilson
STREET ADDRESS	P.P.Box 54
CITY-ST-ZIP	Welaka, Fl 32193
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NAME	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] President 2/5/03