


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90040 015 ****61.25

DOCUMENT # N06000004169 1. Entity Name FLORIDA DEAF-BLIND ASSOCIATION, INC.					
Principal Place of Business 1720 PICCADILLY CIRCLE PORT CHARLOTTE, FL 33980			Mailing Address 1720 PICCADILLY CIRCLE PORT CHARLOTTE, FL 33980		
2. Principal Place of Business - No P.O. Box # 12055 SW ELSINORE DR Suite, Apt. #, etc.		3. Mailing Address 12055 SW ELSINORE DR Suite, Apt. #, etc.			
City & State P. J. LUCIE, FLORIDA Zip 34987		City & State P. J. LUCIE, FLORIDA Zip 34987		4. FEI Number 20-5785262	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent POHLMAYER, NELLIE 1720 PICCADILLY CIRCLE PORT CHARLOTTE, FL 33980			7. Name and Address of New Registered Agent Name KATHRYN ZARATE Street Address (P.O. Box Number is Not Acceptable) 12055 SW ELSINORE DR City PORT SAINT LUCIE FL Zip Code 34987		
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 <u>Kathryn Zarate</u> DATE <u>2-8-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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		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	DP POHLMAYER, NELLIE 1720 PICCADILLY CIRCLE PORT CHARLOTTE, FL 33980	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER KATHRYN ZARATE 12055 SW ELSINORE DR PORT ST LUCIE FL 34987	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NAULTY, JOE 11943 SWELLEN CIRCLE WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCGRATH, LIZ 2104 4TH STREET EAST BRADENTON, FL 34208	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Kathryn Zarate <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			(TREASURER) Date 2-8-08 Daytime Phone # 772-345-5562		