2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004169

Entity Name: FLORIDA DEAF-BLIND ASSOCIATION, INC.

FILED Feb 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12055 SW ESINORO DR
PORT SAINT LUCIE, FL 34987

12055 SW ELSINORE DR
PORT SAINT LUCIE, FL 34987

Current Mailing Address: New Mailing Address:

12055 SW ESINORO DR 12055 SW ELSINORE DR PORT SAINT LUCIE, FL 34987 PORT SAINT LUCIE, FL 34987

FEI Number: 20-5785262 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ZAROTO, KATHRYN

12055 SW ESINORO DR

PORT SAINT LUCIE, FL 34987 US

ZARATE, KATHRYN

12055 SW ELSINORE DR

PORT SAINT LUCIE, FL 34987 US

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: KATHRYN A. ZARATE 02/23/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 T
 () Delete
 Title:
 T
 (X) Change () Addition

 Name:
 ZAROTO, KATHRYN
 Name:
 ZARATE, KATHRYN

 Address:
 12055 SW ESINORO DR
 Address:
 12055 SW ELSINORE DR

 City-St-Zip:
 PORT SAINT LUCIE, FL 34987
 City-St-Zip:
 PORT SAINT LUCIE, FL 34987

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KATHRYN A. ZARATE T 02/23/2009