FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N12138** **(6)**

1. Corporation Name

THE NORTHEAST FLORIDA PARENTS OF THE VISUALLY IM PAIRED, INC.

Principal Place of Business	Mailing Address
20 FANCHER COURT ST. AUGUSTINE FL 32084 US	20 FANCHER COURT ST. AUGUSTINE FL 32084 US

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/18/1985**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2677799** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

STEWART, DANIEL P.
20 FANCHER COURT
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	11 TITLE		☐ Change ☐ Addition
NAME	STEWART, DAN	12 NAME		
STREET ADDRESS	20 FANCHER CRT	13 STREET ADDRESS		
CITY ST ZIP	ST AUGUSTINE FL	14 CITY ST ZIP		
TITLE	PD	21 TITLE	PD	☑ Change ☐ Addition
NAME	DORNBROLK, JANE	22 NAME	BRENDA DARCY	
STREET ADDRESS	12672 MEADOW SWEET LN	23 STREET ADDRESS	8626 BURKHAM ST	
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	JACKSONVILLE, FL.	
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	DARCY, JOE	32 NAME		
STREET ADDRESS	8626 BURKHAM ST	33 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Daniel P. Stewart — April 27, 1995 — 904 829-6481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DANIEL P. STEWART

0022003