

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

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



3. Date Incorporated or Qualified
11/18/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 12237 Beaver Run Dr
Suite, Apt. #, etc.

26 12237 Beaver Run Dr
Suite, Apt. #, etc.

22

27

City & State

City & State

23 Jacksonville, FL

28 Jacksonville FL

Zip

Country

Zip

Country

24 32225

25 Duval

29 32225

30 Duval

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Melanie F. McDonald

82 Street Address (P.O. Box Number is Not Acceptable)

12237 Beaver Run Dr

83

84 City

Jacksonville,

FL

85 Zip Code

32225

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Melanie F. McDonald

5-1-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE TD
NAME STEWART, DAN
STREET ADDRESS 20 FANCHER CRT
CITY-ST-ZIP ST AUGUSTINE FL

TITLE PD
NAME BRENDA DARCY
STREET ADDRESS 8626 BURHAM ST
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD
NAME DARCY, JOE
STREET ADDRESS 8626 BURHAM ST
CITY-ST-ZIP JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ~~President~~ D Change ☒ Addition
1.2 NAME Melanie F. McDonald
1.3 STREET ADDRESS 12237 Beaver Run Dr
1.4 CITY-ST-ZIP Jacksonville FL 32225

2.1 TITLE ~~President~~ P D Change ☐ Addition
2.2 NAME Cathy Eldridge
2.3 STREET ADDRESS 5253 All Oaks Court
2.4 CITY-ST-ZIP Jacksonville FL 32258

3.1 TITLE Ken Koby V D Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 8000 Baymeadows Circle, # 90
3.4 CITY-ST-ZIP Jacksonville, FL 32256

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), Florida Statutes. I further certify that the information indicated on this 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:

Melanie F. McDonald, T.

5-1-96

9046459407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)