


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>DOCUMENT # N12138 (6)</b>
1. Corporation Name <b>THE NORTHEAST FLORIDA PARENTS OF THE VISUALLY IM PAIRED, INC.</b>

Principal Place of Business <b>12237 BEAVER RUN DR. JACKSONVILLE FL 32225 US</b>	Mailing Address <b>12237 BEAVER RUN DR. JACKSONVILLE FL 32225 US</b>
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2. Principal Place of Business <b>21 12237 Beaver Run Dr</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Jacksonville, FL</b>	City & State <b>28</b>
Zip <b>24 32225</b>	Country <b>25 USA</b>

9. Name and Address of Current Registered Agent <b>MCDONALD, MELANIE F 12237 BEAVER RUN DR. JACKSONVILLE FL 32225</b>	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	85 Zip Code

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 <i>Melanie McDonald</i>	DATE

12. OFFICERS AND DIRECTORS	
TITLE <b>DT</b>	<input type="checkbox"/> DELETE
NAME <b>MCDONALD, MELANIE F</b>	
STREET ADDRESS <b>12237 BEAVER RUN DR.</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL 32225</b>	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>ELDRIDGE, CATHY</b>	
STREET ADDRESS <b>5253 ALL OAKS CT.</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL 32258</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE
NAME <b>KOBY, KEN</b>	
STREET ADDRESS <b>8000 BAYMEADOWS CIR. #90</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL 32256</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 <i>Melanie McDonald</i>	DATE <i>9/14/97</i>



CR2E037 (4/97)