

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N12138

FILED  
Jan 31, 2002 8:00 AM  
Secretary of State

**Entity Name:** THE NORTHEAST FLORIDA PARENTS OF THE VISUALLY IMPAIRED, INC.

## Current Principal Place of Business:

12237 BEAVER RUN DR  
JACKSONVILLE, FL 32225 US

## New Principal Place of Business:

2405 LAUREL ROAD  
JACKSONVILLE, FL 32207 US

## Current Mailing Address:

12237 BEAVER RUN DR.  
JACKSONVILLE, FL 32225 US

## New Mailing Address:

2405 LAUREL ROAD  
JACKSONVILLE, FL 32207 US

FEI Number: 59-2677799

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCDONALD, MELANIE F  
12237 BEAVER RUN DR.  
JACKSONVILLE, FL 32225 US

## Name and Address of New Registered Agent:

NOWIKOWSKI, ELISE A  
2405 LAUREL ROAD  
JACKSONVILLE, FL 32207 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: ELISE A. NOWIKOWSKI

01/31/2002

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MCDONALD, MELANIE F  
Address: 12237 BEAVER RUN DR.  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: TD ( ) Delete  
Name: BROCK, RHONDA  
Address: 3636 FT PEYTON CIR  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: DV ( ) Delete  
Name: NOWIKOWSKI, ELISE  
Address: 2405 LAUREL RD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: DARCY, BRENDA  
Address: 8626 BURKHALL ST.  
City-St-Zip: JACKSONVILLE, FL 32211

Title: VP ( ) Change (X) Addition  
Name: BOYD, RAE  
Address: 6573 ARANCIO DRIVE WEST  
City-St-Zip: JACKSONVILLE, FL 32244

Title: P ( ) Change (X) Addition  
Name: DORNBROCK, JANE  
Address: 903 NORTH 14TH AVE.  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ELISE A. NOWIKOWSKI

MS.

01/31/2002

Electronic Signature of Signing Officer or Director

Date