## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# N12138

FILED Apr 02, 2004 Secretary of State

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

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

2405 LAUREL ROAD

JACKSONVILLE, FL 32207 US

Current Mailing Address: 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 (X)

Name and Address of Current Registered Agent: 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:

- Flateric Circulus of Decideral Access

### Electronic Signature of Registered Agent

#### Date

### **OFFICERS AND DIRECTORS:**

# ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 D (X) Change () Addition

 Name:
 MCDONALD, MELANIE F
 Name:
 MCDONALD, MELANIE F

 Address:
 12237 BEAVER RUN DR.
 Address:
 12237 BEAVER RUN DR.

 City-St-Zip:
 JACKSONVILLE, FL 32225 US
 City-St-Zip:
 JACKSONVILLE, FL 32225 US

Title: TD ( ) Delete Title: TD (X) Change ( ) Addition Name: NOWIKOWSKI, ELISE Name: NOWIKOWSKI, ELISE

 Address:
 2405 LAUREL RD
 Address:
 2405 LAUREL RD

 City-St-Zip:
 JACKSONVILLE, FL 32207
 City-St-Zip:
 JACKSONVILLE, FL 32207 US

Title: P ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 DARCY, BRENDA
 Name:
 DARCY, BRENDA

 Address:
 8626 BURKHALL ST.
 Address:
 11332 RIVER KNOLL DRIVE

 City-St-Zip:
 JACKSONVILLE, FL 32211
 City-St-Zip:
 JACKSONVILLE, FL 32225 US

Title: VP ( ) Delete Title: SD (X) Change ( ) Addition Name: BOYD, RAE Name: WYDLER, JENNIFER

Name: BOYD, RAE Name: WYDLER, JENNIFER

Address: 6573 ARANCIO DRIVE WEST Address: 11760 HEATHER GROVE LANE

City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip: JACKSONVILLE, FL 32223 US

 Name:
 DORNBROCK, JANE
 Name:
 CUNNINGHAM, NOEL

 Address:
 903 NORTH 14TH AVE.
 Address:
 2405 LAUREL ROAD

City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D ( ) Change (X) Addition

 Name:
 Name:
 STRATTON, ANNE

 Address:
 Address:
 3026 STRATTON LANE

 City-St-Zip:
 City-St-Zip:
 JACKSONVILLE, FL 32221 US

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 TD 04/02/2004