

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N12138

FILED
May 22, 2003
Secretary of State

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

Current Principal Place of Business:

2405 LAUREL ROAD
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

2405 LAUREL ROAD
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 59-2677799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOWIKOWSKI, ELISE A
2405 LAUREL ROAD
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: NOWIKOWSKI, ELISE
Address: 2405 LAUREL RD
City-St-Zip: JACKSONVILLE, FL 32207

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

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

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

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

05/22/2003

Electronic Signature of Signing Officer or Director

Date