2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N17799

1. Entity Name
FLORIDA ASSOCIATION FOR EDUCATION AND REHABILITATION OF THE BLIND AND VISUALLY IMPAIRED, INC.

Principal Place of Business	Mailing Address
2578 CANVASBACK COURT TALLAHASSEE, FL 32308 US	2578 CANVASBACK TALLAHASSEE, FL 32308 US

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02282006 No Chg-NP CR2E037 (11/05)

4. FEI Number
62-1305677
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NEWCOMB, EUGENE R
2578 CANVASBACK COURT
TALLAHASSEE, FL 32308

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	NEWCOMB, EUGENE
STREET ADDRESS	2578 CANVASBACK COURT
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	P
NAME	BROWN, LAURA
STREET ADDRESS	1201 PALM AVE
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	D
NAME	SAINT-FORT, ANA
STREET ADDRESS	1320 EXECUTIVE CENTER DR. STE 200
CITY-ST-ZIP	TALLAHASSEE, FL 32399
TITLE	D
NAME	HADSELL, JENNIFER
STREET ADDRESS	434 NORTH TAMPA AVE
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	SD
NAME	STASIK, LINDA
STREET ADDRESS	3782 SIERRA DRIVE
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
TITLE	D
NAME	LEWIS, SANDRA
STREET ADDRESS	175 MEADOW RIDGE DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32312

UI0000455038
03/15/06-80040-004 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Eugene R. Newcomb

SIGNATURE: Eugene R. Newcomb, Treasurer 2-28-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #