


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N17799 1. Entity Name FLORIDA ASSOCIATION FOR EDUCATION AND REHABILITATION OF THE BLIND AND VISUALLY IMPAIRED, INC.	
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FILED

07 JAN 10 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2578 CANVASBACK COURT TALLAHASSEE, FL 32308 US	Mailing Address 2578 CANVASBACK TALLAHASSEE, FL 32308 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	City & State	City & State
Zip	Country	Zip	Country

01092007 Chg-NP CR2E037 (12/06)

4. FEI Number 62-1305677	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NEWCOMB, EUGENE R 2578 CANVASBACK COURT TALLAHASSEE, FL 32308	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

Eugene R. Newcomb

SIGNATURE *Eugene R. Newcomb, Treasurer* DATE 1/9/07

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

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD NEWCOMB, EUGENE <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	NEWCOMB, EUGENE	NAME	400086140554
STREET ADDRESS	2578 CANVASBACK COURT	STREET ADDRESS	01/24/07--01035--008 **70.00
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP	
TITLE	P BROWN, LAURA <input type="checkbox"/> Delete	TITLE	PP (Past President) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, LAURA	NAME	Brown, Laura
STREET ADDRESS	1201 PALM AVE	STREET ADDRESS	1201 Palm Avenue
CITY-ST-ZIP	TAMPA, FL 33605	CITY-ST-ZIP	Tampa, FL 33605
TITLE	D SAINT-FORT, ANA <input checked="" type="checkbox"/> Delete	TITLE	PE (President Elect) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAINT-FORT, ANA	NAME	Brown, Cheryl
STREET ADDRESS	1320 EXECUTIVE CENTER DR, STE 200	STREET ADDRESS	1106 West Platt Street
CITY-ST-ZIP	TALLAHASSEE, FL 32399	CITY-ST-ZIP	Tampa, FL 33606
TITLE	D HADSELL, JENNIFER <input type="checkbox"/> Delete	TITLE	P Hadsell, Jennifer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HADSELL, JENNIFER	NAME	Hadsell, Jennifer
STREET ADDRESS	434 NORTH TAMPA AVE	STREET ADDRESS	434 North Tampa Avenue
CITY-ST-ZIP	ORLANDO, FL 32805	CITY-ST-ZIP	Orlando, FL 32805
TITLE	SD STASIK, LINDA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STASIK, LINDA	NAME	
STREET ADDRESS	3782 SIERRA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	CITY-ST-ZIP	
TITLE	D LEWIS, SANDRA <input checked="" type="checkbox"/> Delete	TITLE	D Amatuzzi, Janet <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, SANDRA	NAME	Amatuzzi, Janet
STREET ADDRESS	175 MEADOW RIDGE DR.	STREET ADDRESS	5373 Bridge Road
CITY-ST-ZIP	TALLAHASSEE, FL 32312	CITY-ST-ZIP	Port St. John, FL 32927

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.

SIGNATURE: *Eugene R. Newcomb, Treasurer* DATE 1/9/07 DAYTIME PHONE # 850/321-7273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #