

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17799

FILED  
Jan 26, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2731 BLAIR STONE ROAD  
# 47  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 12772  
TALLAHASSEE, FL 323172772 US

**New Mailing Address:**

**FEI Number:** 62-1305677      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEWCOMB, EUGENE R  
2731 BLAIR STONE ROAD  
# 47  
TALLAHASSEE, FL 32301 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: TD ( ) Delete  
Name: NEWCOMB, EUGENE  
Address: 2731 BLAIR STONE ROAD  
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: PP ( ) Delete  
Name: BROWN, LAURA  
Address: 1201 PALM AVE  
City-St-Zip: TAMPA, FL 33605

Title: PE ( ) Delete  
Name: BROWN, CHERYL  
Address: 1106 WEST PLATT STREET  
City-St-Zip: TAMPA, FL 33606

Title: P ( ) Delete  
Name: HADSELL, JENNIFER  
Address: 434 NORTH TAMPA AVE  
City-St-Zip: ORLANDO, FL 32805

Title: SD ( ) Delete  
Name: STASIK, LINDA  
Address: 3782 SIERRA DRIVE  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D ( ) Delete  
Name: AMATUZZI, JANET  
Address: 5373 BRIDGE ROAD  
City-St-Zip: PORT ST. JOHN, FL 32927

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: NEWCOMB, EUGENE  
Address: 2731 BLAIR STONE ROAD #47  
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: PE (X) Change ( ) Addition  
Name: KAY, RATZLAFF  
Address: 4210 WEST BAY VILLA AVENUE, ROOM 26  
City-St-Zip: TAMPA, FL 33611

Title: P (X) Change ( ) Addition  
Name: BROWN, SHERYL  
Address: 1106 WEST PLATT STREET  
City-St-Zip: TAMPA, FL 33606

Title: PP (X) Change ( ) Addition  
Name: HADSELL, JENNIFER  
Address: 2500 MILLS AVENUE  
City-St-Zip: ORLANDO, FL 32805

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 exemption stated 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 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: EUGENE R. NEWCOMB

MR.

01/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date