

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17799

FILED
Jan 29, 2010
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
Name: NEWCOMB, EUGENE
Address: 2731 BLAIR STONE ROAD #47
City-St-Zip: TALLAHASSEE, FL 32301 US

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

Title: P
Name: BROWN, SHERYL
Address: 1106 WEST PLATT STREET
City-St-Zip: TAMPA, FL 33606

Title: PP
Name: BROWN, LINDA
Address: 4210 WEST BAY VILLA AVENUE
City-St-Zip: TAMPA, FL 33629

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

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

I hereby 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 all other like empowered.

SIGNATURE: EUGENE R. NEWCOMB

TRES

01/29/2010

Electronic Signature of Signing Officer or Director

_____ Date