

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2011
Secretary of State

DOCUMENT# N17799

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:

175 MEADOW RIDGE DRIVE
TALLAHASSEE, FL 32312 US

Current Mailing Address:

P.O. BOX 12772
TALLAHASSEE, FL 323172772 US

New Mailing Address:

175 MEADOW RIDGE DRIVE
TALLAHASSEE, FL 32312 US

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:

LEWIS, SANDRA R
175 MEADOW RIDGE DRIVE
TALLAHASSEE, FL 32312 US

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: SANDRA LEWIS

04/04/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD
Name: LEWIS, SANDRA
Address: 175 MEADOW RIDGE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312 US

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

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

Title: PED
Name: STINSON-PEREZ, SYLVIA
Address: 8610 GALEN-WILSON BOULEVARD
City-St-Zip: PORT RICHEY, FL 34668

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

Title: D
Name: JOHNSON, AMY
Address: 101 WEST STATE STREET
City-St-Zip: JACKSONVILLE, FL 32202

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: SANDRA LEWIS

DR.

04/04/2011

Electronic Signature of Signing Officer or Director

Date