2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17799

Jan 05, 2012 Secretary of State

Entity Name: FLORIDA ASSOCIATION FOR EDUCATION AND REHABILITATION OF THE BLIND AND VISUALLY

IMPAIRED, INC.

New Principal Place of Business: Current Principal Place of Business:

175 MEADOW RIDGE DRIVE TALLAHASSEE, FL 32312

Current Mailing Address: 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: Name and Address of New Registered Agent:

LEWIS, SANDRA R 175 MÉADOW RIDGE DRIVE TALLAHASSEE, FL 32312

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:

LEWIS, SANDRA Name:

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

BROWN, SHERYL Name: 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

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

Title:

JOHNSON, AMY Name:

Address: 101 WEST STATE STREET JACKSONVILLE, FL 32202 City-St-Zip:

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 TD 01/05/2012