

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N20153 (5)

1. Corporation Name
FLORIDA REGIONAL GROUP, INC., BLINDED VETERANS ASSOCIATION

Principal Place of Business 3801 COCO GROVE AVENUE MIAMI FL 33133	Mailing Address 3801 COCO GROVE AVENUE MIAMI FL 33133
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**STOCKING, GEORGE E.
3801 COCO GROVE AVENUE
MIAMI FL 33133**

3. Date Incorporated or Qualified
04/15/1987

4. FEI Number
59-6166948

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **5-5-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	MARTIN, EUGENE	
STREET ADDRESS	1557 HENRY BLAIR LN	
CITY-ST-ZIP	DUNNELLON FL	
TITLE	V	☒ DELETE
NAME	LARKIN, PETER	
STREET ADDRESS	BOB'S LANDING #2	
CITY-ST-ZIP	BABSON PARK FL 33827	
TITLE	STD	☐ DELETE
NAME	STOCKING, GEORGE	
STREET ADDRESS	3801 COCO GROVE AVE.	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	☒ DELETE
NAME	MERRITT, JAMES	
STREET ADDRESS	1250 NORTH PEARL STREET	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	D	☒ DELETE
NAME	WILLOUGHBY, HARRY	
STREET ADDRESS	7635 DARLINGTON ROAD	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	D	☒ DELETE
NAME	DUCAN, CHARLES	
STREET ADDRESS	5883 WYLDEWOOD LAKES C	
CITY-ST-ZIP	FT. MYERS FL 33919	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	Larkin, Peter	
1.3 STREET ADDRESS	Bob's Landing #2	
1.4 CITY-ST-ZIP	Babson Park, FL 33827	
2.1 TITLE	VP	☒ Change ☐ Addition
2.2 NAME	Charles Duncan	
2.3 STREET ADDRESS	5883 Wyldewood Lakes Circle	
2.4 CITY-ST-ZIP	Ft Myers, FL 33919	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	☒ Change ☐ Addition
4.2 NAME	Rick Calissi	
4.3 STREET ADDRESS	4545 S.E. 62 Street	
4.4 CITY-ST-ZIP	Ocala, FL 34471	
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME	Frank Yagel	
5.3 STREET ADDRESS	1000 Walker Street Lot 13	
5.4 CITY-ST-ZIP	Ormond Beach, FL 32117	
6.1 TITLE	D	☒ Change ☐ Addition
6.2 NAME	Terry King	
6.3 STREET ADDRESS	12000 Eagle Road	
6.4 CITY-ST-ZIP	Cape Coral, FL 33909	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **5-5-98**

CR2E037 (10/97)