2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State
04-05-2004 90403 050 ****61.25

DOCUMENT # N20153

1. Entity Name

FLORIDA REGIONAL GROUP, INC., BLINDED VETERANS ASSOCIATION

Principal Place of Business	Mailing Address
3801 COCO GROVE AVENUE. MIAMI FL 33133	3801 COCO GROVE AVENUE MIAMI FL 33133

24U33330

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-6166948 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KING, TERRY 24243 PIRATE HARBOUR PUNTA GORDA FL 33955	☐ Delete	D DUNCAN, CHARLES 5883 Wyldewood Lakes Court Fort MEyers, FL 33919	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TAYLOR, MICHAEL 574 PINE FOREST DR ORANGE PARK FL 32073	☒ Delete	VD NAGELBERG MYRON 14250 Ruby Point Drive DEL RAY Beach FL 33446	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD STOCKING, GEORGE 3801 COCO GROVE AVE. MIAMI FL 33133	☐ Delete	D KAMINSKY PAUL 1295 POWERHORN CT Middleburg FL 32068	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CALISSI, RICK 4545 SE 62ND STREET OCALA FL 34471	☐ Delete	D THOMPSON, JAMES 8595 CHARGER CLUB APT 2 FORT MYERS, FL 33919	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GONCE, CHARLES Z 387 EDEN DR ENGLEWOOD FL 34223	☒ Delete	D MIMMS, PAUL 8069 VIA HACIENDA W. PALM BEACH, FL 33418	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDSMITH, DARRYL 7190 RAMPART WAY PENSACOLA FL 32505	☐ Delete	D EDEN, WILLIAM 622 E. FOREST HILL PL HERNADO, FL 34472	☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/20/04 305 324-4453 x3604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #