
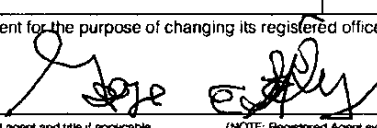
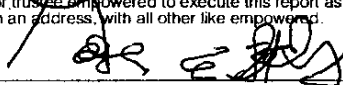


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90034 033 ****61.25

DOCUMENT # N20153 1. Entity Name FLORIDA REGIONAL GROUP, INC., BLINDED VETERANS ASSOCIATION																																																																																																						
Principal Place of Business 3801 COCO GROVE AVENUE C/O GEORGE E. STOCKING MIAMI, FL 33133			Mailing Address 3801 COCO GROVE AVENUE C/O GEORGE E. STOCKING MIAMI, FL 33133																																																																																																			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																				
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																				
City & State		City & State																																																																																																				
Zip	Country	Zip	Country	4. FEI Number 59-6166948																																																																																																		
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																																																		
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																		
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  <div style="display: flex; justify-content: space-between; font-size: small;"> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE </div>																																																																																																						
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																		
Make check payable to Florida Department of State																																																																																																						
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowerments.																																																																																																						
SIGNATURE:  <div style="display: flex; justify-content: space-between; font-size: small;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # </div>																																																																																																						