

FILE NOW: FILING FEE IS \$61.25

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Mar 25 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 # **N26665** (2)
1. Corporation Name
**FLORIDA ASSOCIATION OF AGENCIES SERVING THE BLIN
D, INC.**

Principal Place of Business C/O CONKLIN CENTER 405 WHITE ST DAYTONA BEACH FL 32114 US	Mailing Address C/O CONKLIN CENTER 405 WHITE ST DAYTONA BEACH FL 32114 US
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3. Date Incorporated or Qualified 05/31/1988	
4. FEI Number 59-2905001	Applied For ☐ Not Applicable
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	

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

10. Name and Address of New Registered Agent

**MCCOY, EDWARD F
405 WHITE ST
DAYTONA BEACH FL 32114**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relistening)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☒ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	OLSTROM, CLIFFORD	1.2 NAME	MCCOY, EDWARD F.
STREET ADDRESS	1106 EAST PLATT STREET	1.3 STREET ADDRESS	405 White Street
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Daytona Beach, FL
TITLE	VP ☒ DELETE	2.1 TITLE	VP ☒ Change ☐ Addition
NAME	SIMPSON, REBECCA	2.2 NAME	KOCH, HAROLD
STREET ADDRESS	101 WEST STATE STREET	2.3 STREET ADDRESS	1278 Paul Russell Road
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Tallahassee, FL
TITLE	TD ☒ DELETE	3.1 TITLE	SD ☐ Change ☒ Addition
NAME	MCCOY, EDWARD	3.2 NAME	MAYROS, ROXANN
STREET ADDRESS	405 WHITE STREET	3.3 STREET ADDRESS	8610 Galen Wilson Blvd. Suite B
CITY-ST-ZIP	DAYTONA BCH FL	3.4 CITY-ST-ZIP	Port Richey, FL
TITLE	SD ☒ DELETE	4.1 TITLE	TD ☐ Change ☒ Addition
NAME	KOCH, HAROLD	4.2 NAME	THOMPSON, WILLIAM
STREET ADDRESS	1278 PAUL RUSSELL ROAD	4.3 STREET ADDRESS	7810 South Dixie Highway
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	West Palm Beach, FL 33405
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 as an attachment with an address.

SIGNATURE:

Edward F. McCoy

3/20/98 (904) 258-3441

CR2E037 (10/97)