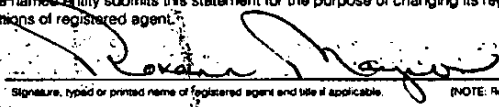


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

03-10-2005 90130 009 ****61.25

DOCUMENT # N26665 1. Entity Name FLORIDA ASSOCIATION OF AGENCIES SERVING THE BLIND, INC.					
Principal Place of Business 1286 CEDAR CENTER DRIVE TALLAHASSEE, FL 32301			Mailing Address 1286 CEDAR CENTER DRIVE TALLAHASSEE, FL 32301		
2. Principal Place of Business 1106 W. PLATT STREET Suite, Apt. #, etc.		3. Mailing Address 1106 W. PLATT STREET Suite, Apt. #, etc.			
City & State TAMPA, FL		City & State TAMPA, FL		4. FEI Number 59-2905001	
Zip 33606-2142		Country U.S.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAYROS, ROXANN 1286 CEDAR CENTER DRIVE TALLAHASSEE, FL 32301				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:  DATE:					
Filing Fee is \$61.25 Due by May 1, 2005		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 MAYROS, ROXANN 601 S.W. 8TH AVE. MIAMI, FL 33130			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KELLY, ROBERT T 405 WHITE STREET DAYTONA BEACH, FL 32114			☒ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANN, DANIEL 6925 112TH CIRCLE NORTH, SUITE 103 LARGO, FL 34643			☒ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NASENI, LEE 215 E. NEW HAMPSHIRE STREET WINTER PARK, FL 32808			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D BECKY SIMPSON			☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D ROBERT KELLY			☐ 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: 				Date: 2-24-05	

ATTACHMENT
N26665/660147

VP/D
Becky Simpson
101 West State Street
Jacksonville, FL 32202

T/D
Robert Kelly
405 White Street
Daytona Beach, FL 32114