## 2006 NOT-FOR-PROFIT CORPORATION

SIGNATURE:

## Feb 06, 2006 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # N26665 02-06-2006 90090 029 \*\*\*\*61.25 FLORIDA ASSOCIATION OF AGENCIES SERVING THE BLIND, INC. Principal Place of Business Mailing Address 1106 W PLATT ST 1106 W PLATT ST TAMPA, FL 33606-2142 US TAMPA, FL 33606-2142 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012006 Cha-NP CR2E037 (11/05) City & State City & State 4. FEI Number 59-2905001 Applied For Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Don Griffin MAYROS, ROXANN 1286 CEDAR CENTER DRIVE Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32301 8610 Galen Wilson Blvd. <del>44</del>668 Port Richey 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 Fiorida. I am familiar with, and accept the obligations of registered agent Don Griffin 2/3/06 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Delete TITLE 'PD MAYROS ROXANN NAME NAME Lee Nasehi STREET ADDRESS 601 S.W. 8TH AVE. STREET ADDRESS 215 E. New Hampshire Street DTY-ST-719 CITY-ST-ZIP MIAMI, FL 33130 Orlando, FL~32804 SD .x \* X Addition ☐ Change X Detete TITLE TITLE Robert Kelly 405 White Street Daytona Beach, FL NASENI, LEE NAME 215 E. NEW HAMPSHIRE STREET STREET ADORESS STREET ADDRESS 32114 CITY-ST-ZIP WINTER PARK, FL 32808 CITY-ST-ZIP Addition TITLE XI Delete TITLE Change Clifford Olstrom 1106 Platt Street SIMPSON, BECKY NAME NAME 101 WEST STATE ST STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP Tampa, FL 33606 JACKSONVILLE, FL 32202 TD Don Griffin Delete ☐ Change X Addition TITLE TD TILE KELLY, ROBERT NAME 8610 Galen Wilson Blvd. STREET ADDRESS STREET ADDRESS 405 WHITE ST Port Richey, FL 34668 DAYTONA BEACH, FL 32114 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ППЕ ☐ Delete 11TI F NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empowered.

Don Griffin

Data

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/06 727-815-0303

Daytime Phone #

FILED