

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26665

FILED
Feb 13, 2009
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF AGENCIES SERVING THE BLIND, INC.

Current Principal Place of Business:

1106 W PLATT ST
TAMPA, FL 336062142 US

New Principal Place of Business:

Current Mailing Address:

1106 W PLATT ST
TAMPA, FL 336062142 US

New Mailing Address:

FEI Number: 59-2905001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OLSTROM, CLIFF
1106 W PLATT ST
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KELLY, ROBERT
Address: 405 WHITE ST
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VPD () Delete
Name: DU PRE, ELLY
Address: 650 N ANDREWS AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: TD () Delete
Name: OLSTROM, CLIFFORD
Address: 1106 PLATT ST
City-St-Zip: TAMPA, FL 33606

Title: SD () Delete
Name: MANN, DAN
Address: 6925 112TH CIR N STE 103
City-St-Zip: LARGO, FL 33773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KELLY, ROBERT
Address: 405 WHITE ST
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VP (X) Change () Addition
Name: DU PRE, ELLY
Address: 650 N ANDREWS AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: T (X) Change () Addition
Name: OLSTROM, CLIFFORD
Address: 1106 PLATT ST
City-St-Zip: TAMPA, FL 33606

Title: S (X) Change () Addition
Name: MANN, DAN
Address: 6925 112TH CIR N STE 103
City-St-Zip: LARGO, FL 33773

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C.E. OLSTROM

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02/13/2009

Electronic Signature of Signing Officer or Director

Date