FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY 16 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N29664 (2)

1. Corporation Name
CENTER FOR THE VISUALLY IMPAIRED, INC.

Principal Place of Business	Mailing Address
1187 DUNN AVE [redacted]	1187 DUNN AVE [redacted]
DAYTONA BEACH FL 32114	DAYTONA BEACH FL 32114
US	US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2938258 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1187 Dunn Avenue	26 1187 Dunn Avenue
Suite, Apt. #, etc. 22 Daytona Beach, FL	Suite, Apt. #, etc. 27
City/State 23 32114	City & State 28 Daytona Beach, FL
Zip 24 / Country 25 USA	Zip 29 32114 Country 30 USA

9. Name and Address of Current Registered Agent

HODGE, ROBERT M.
601 N. GOODRICH DRIVE
DELTONA FL 32725

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	LASSETER, LYNDA S	12 NAME	
STREET ADDRESS	2425 ATLANTIC AVE #403	13 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	DAVIS, KATHY C	22 NAME	
STREET ADDRESS	121 DEERLAKE CIR	23 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MAURER, BOB	32 NAME	
STREET ADDRESS	208 BRITTANY AVE	33 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	WAITE, GEORGE DR	42 NAME	P Mark Rubin, MD.
STREET ADDRESS	2038 RIDGEWOOD AVE	43 STREET ADDRESS	← delete
CITY-ST-ZIP	PORT ORANGE FL 32119	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	DAVIS, TOM	52 NAME	
STREET ADDRESS	121 DEERLAKE CIR	53 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☒ Addition
NAME		62 NAME	P Rubin, Mark Dr.
STREET ADDRESS		63 STREET ADDRESS	402 Halifax Avenue
CITY-ST-ZIP		64 CITY-ST-ZIP	Daytona Beach Shores, FL 32118

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 on an attachment with an address.

SIGNATURE: [signature] 4/26/95 (904) 248-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Dr. Mark Rubin

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