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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

N29664

(2)

DOCUMENT #

1. Corporation Name

CENTER FOR THE VISUALLY IMPAIRED, INC.								
incipal Place of	Business	Mailing Address			F TABLISM DIM TIMES CASES AFTER DIVIN	B	#1#11 #1#11 #11	F.1 - 1917 1861
1187 DUNN AVE	:	1187 DUNN AVEN	IUE					
		ROX BOX XOR X X DAYTONA BCH F				Jan Date	of Last Po	port
DAYTONA BEACH FL 32114 US		US			3. Date Incorporated or Qualified 12/13/1988		Date of Last Report 05/16/1995	
		Tan Malian Address	·		4. FEI Number			plied For
Principal Place	e of Business	2a. Mailing Address	5		59-2938258		No	it Applicable
Suite, Apt. #,	etc.	Suite, Apt #, et	tc.		5. Certificate of Status Desired		\$8.75	
		27					Fee Re	<u> </u>
City & State		City & State			Election Campaign Financing Trust Fund Contribution		Added	-
Zip	Country	28	C	Country	8. This corporation has liability for	intangible tax	under s. 1	99.032,
E-ip	25	29	30			Yes 💢		
	9. Name and Address of Curren	t Registered Agent		-	10. Name and Address of New F	registered A	gent	
				81 Name				
HODGE, F	ROBERT M.			82 Street A	ddress (P.O. Box Number is Not Acceptate	ole)		
	OODRICH DRIVE			83				
DELTONA	FL 32725						0E 7m	Code
				84 City		FL	11	
or registered familiar with	the provisions of Sections 617.0502 diagent, or both, in the State of Florie, and accepting obligations of Sections of Sec	lan	1/4/1	NEJ D stered Agent signature re	an wai when remetatoral	DATE	//0	
or registered familiar with	Ignature, typeoper plinted name of registered agent	Land title if applicable	(NOTE: Regis	Stered Agent signature re	an wai when remetatoral	DATE	//0	
or registered familiar with IGNATURE	Ignature, typeofor printed name of registered agen- OFFICERS AN	lan	(NOTE: Regis	nes co	equired when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND	//0	
or registered familiar with GNATURE	Ignature, typeofyr printed name of registrated again OFFICERS AN	Land title if applicable ID DIRECTORS	(NOTE: Regis	stered Agent signature re	ADDITIONS: CHANGES TO OF	DATE FICERS AND	DIFILOTOF Change	RS IN 12
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SIGNATURE: SIGNATURE AND TPED OF PRINTED NAME DE SIGNING OFFICER OR DIRECTOR