

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N29664 (2)

1. Corporation Name

CENTER FOR THE VISUALLY IMPAIRED, INC.



Principal Place of Business

Mailing Address

1187 DUNN AVE
DAYTONA BEACH FL 32114
US

1187 DUNN AVENUE
Rox Box XXXX
DAYTONA BCH FL 32114
US

3. Date Incorporated or Qualified
12/13/1988

3a. Date of Last Report
05/16/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME LASSETER, LYNDIA S
STREET ADDRESS 2425 ATLANTIC AVE #403
CITY-ST-ZIP DAYTONA BEACH SHORES FL 32118

11 TITLE P ☐ Change ☒ Addition
12 NAME James O. Comella
13 STREET ADDRESS 918 Reed Canal Road-Lot #185
14 CITY-ST-ZIP South Daytona, FL 32119

TITLE D ☐ DELETE
NAME DAVIS, KATHY C
STREET ADDRESS 121 DEERLAKE CIR
CITY-ST-ZIP ORMOND BEACH FL 32174

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MAURER, BOB
STREET ADDRESS 208 BRITTANY AVE
CITY-ST-ZIP ORMOND BEACH FL 32174

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME WAITE, GEORGE DR
STREET ADDRESS 2036 RIDGEWOOD AVE
CITY-ST-ZIP PORT ORANGE FL 32119

41 TITLE D ☐ Change ☒ Addition
42 NAME Townsend, J. D.
43 STREET ADDRESS 251 Daytona Avenue
44 CITY-ST-ZIP Holly Hi 11, FL 32117

TITLE D ☐ DELETE
NAME DAVIS, TOM
STREET ADDRESS 121 DEERLAKE CIR
CITY-ST-ZIP ORMOND BEACH FL 32174

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME RUBIN, MARK D
STREET ADDRESS 402 HALIFAX AVENUE
CITY-ST-ZIP DAYTONA BEACH SHORES FL

61 TITLE D ☒ Change ☐ Addition
62 NAME Rubin, mark D
63 STREET ADDRESS 402 Halifax Avenue
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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)