

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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
US1187 DUNN AVENUE
DAYTONA BCH FL 32114-2403
US3. Date Incorporated or Qualified
12/13/19883a. Date of Last Report
05/20/1996

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
59-2938258Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

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 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 P ☒ DELETE
NAME COMELLA, JAMES O
STREET ADDRESS 918 REED CANAL ROAD - LOT #185
CITY-ST-ZIP SOUTH DAYTONA FL1.1 TITLE President ☐ Change ☒ Addition
1.2 NAME Garrette Covington
1.3 STREET ADDRESS 663 Mason Avenue
1.4 CITY-ST-ZIP Daytona Beach, FL 32114TITLE D ☐ DELETE
NAME DAVIS, KATHY C
STREET ADDRESS 121 DEERLAKE CIR
CITY-ST-ZIP ORMOND BEACH FL 321742.1 TITLE Director ☐ Change ☒ Addition
2.2 NAME Joan Kelly
2.3 STREET ADDRESS 512 Pelican Bay Drive
2.4 CITY-ST-ZIP Daytona Beach, FL 32114TITLE D ☐ DELETE
NAME MAURER, BOB
STREET ADDRESS 208 BRITTANY AVE
CITY-ST-ZIP ORMOND BEACH FL 321743.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME TOWNSEND, J.D.
STREET ADDRESS 251 DAYTONA AVENUE
CITY-ST-ZIP HOLLY HILL FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME DAVIS, TOM
STREET ADDRESS 121 DEERLAKE CIR
CITY-ST-ZIP ORMOND BEACH FL 321745.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME RUBIN, MARK D
STREET ADDRESS 402 HALIFAX AVENUE
CITY-ST-ZIP DAYTONA BEACH SHORES FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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: *Garrette Covington* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR2/27/97 904-253-8879
Date Daytime Phone #0001958

CR2E037 (9/96)