

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90019 015 ****61.25

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DOCUMENT # N29664

1. Corporation Name

CENTER FOR THE VISUALLY IMPAIRED, INC.

Principal Place of Business

1187 DUNN AVE
DAYTONA BEACH FL 32114
US

Mailing Address

1187 DUNN AVENUE
DAYTONA BCH FL 32114
US



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

3. Date Incorporated or Qualified

12/13/1988

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HODGE, ROBERT M.

~~609 N. GOODRICH DRIVE~~
~~DAYTONA FL 32225~~

9 Fisherman's Circle, #6
Ormond Beach, FL 32174

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 Robert M. Hodge, Executive Director

Robert M. Hodge

1/19/99

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 GARRETTE COVINGTON
STREET ADDRESS 663 MASON AVE
CITY-ST-ZIP DAYTONA BCH FL 32114

TITLE ☒ P ☒ DELETE
NAME COMELLA, JAMES O
STREET ADDRESS 381 ALEATHA DR
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE D ☐ DELETE
NAME PERSCHMANN, LUTZ I
STREET ADDRESS 1182 SUWANEE RD
CITY-ST-ZIP DAYTONA BCH FL 32114

TITLE D ☐ DELETE
NAME JOAN KELLY
STREET ADDRESS 512 PELICAN BAY DR
CITY-ST-ZIP DAYTONA BCH FL 32119

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

TITLE D ☐ DELETE
NAME RUBIN, MARK D
STREET ADDRESS 750 MEMORIAL DR
CITY-ST-ZIP ORMOND BCH FL 32174

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME COMELLA, JAMES O
1.3 STREET ADDRESS 381 Aleatha Drive
1.4 CITY-ST-ZIP Daytona Beach, FL 32114

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Davis, Tom
2.3 STREET ADDRESS 121 Deer Lake Circle
2.4 CITY-ST-ZIP Ormond Beach, FL 32174

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: Robert M. Hodge, Exec. Director 1/19/99 904-253-8879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)