

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29664

FILED
Apr 30, 2004
Secretary of State**Entity Name:** CENTER FOR THE VISUALLY IMPAIRED, INC.**Current Principal Place of Business:**1187 DUNN AVE
DAYTONA BEACH, FL 32114 US**New Principal Place of Business:****Current Mailing Address:**1187 DUNN AVENUE
DAYTONA BCH, FL 32114 US**New Mailing Address:****FEI Number:** 59-2938258**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HUDSON, RONEE
2227 SHERWOOD DR.
SOUTH DAYTONA, FL 32119 US**Name and Address of New Registered Agent:**HUDSON, RONEE
10 RIOPINAR TRAIL
ORMOND BEACH, FL 32174 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/30/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARRIS, MERLE
Address: 360 S. YONGE STREET
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPT () Delete
Name: LENSSEN, ALEXIS A
Address: 401 JACKSON AVENUE
City-St-Zip: DELAND, FL 32724

Title: TD () Delete
Name: LENSSEN, ALEXIS
Address: 285 CLYDE MORRIS BLVD SUITE 100
City-St-Zip: ORMOND BEACH, FL 32174

Title: S () Delete
Name: OSBORNE, KATHLEEN
Address: 248 AUTUMN TRAIL
City-St-Zip: PORT ORANGE, FL 32129

Title: ED () Delete
Name: HUDSON, RONEE
Address: 10 RIO PINAR TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HUGER, SR., JAMES E DR.
Address: 935 SYCAMORE STREET
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: VPT (X) Change () Addition
Name: HESS, RUSTON DR
Address: 501 PLAZA BLVD.
City-St-Zip: DAYTONA BEACH, FL 32118 US

Title: TD (X) Change () Addition
Name: PERSCHMANN, LUTZ INGO
Address: 1182 SUWANNEE RD
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: S (X) Change () Addition
Name: OSBORNE, KATHLEEN
Address: 248 AUTUMN TRAIL
City-St-Zip: PORT ORANGE, FL 32129 US

Title: ED (X) Change () Addition
Name: HUDSON, RONEE
Address: 10 RIO PINAR TRAIL
City-St-Zip: ORMOND BEACH, FL 32174 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONNEE HUDSON

ED

04/30/2004

Electronic Signature of Signing Officer or Director

Date