## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N29664

FILED May 03, 2005 Secretary of State

Entity Name: CENTER FOR THE VISUALLY IMPAIRED, INC.

Current Mailing Address:  New Mailing Address:  1187 DUNN AVENUE DAYTONA BCH, FL 32114 US  FEI Number: 59-2939258 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) in accordance with s. 607.1931(2)(b), F.S., the corporation did not receive the prior notice.  Name and Address of Current Registered Agent:  Name and Address of New Registered Agent:  Date  OFFICERS AND DIRECTORS:  File:	Current P	rincipal Place of Business:	New Princ	cipal Place of Business:
### Part	1187 DUN	N AVE		
DAYTONA BCH, FL 32114 US  FEI Number: 59-2938258 FEI Number Applied For () receive the prior notice.  Name and Address of Current 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 be in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Date  OFFICERS AND DIRECTORS:  Title:  P () Delete Name: HUGER, SR., JAMES E DR. Name: HESS, RUSTON DR Name: HESS, HUGEN, FL 32118 US  City-St-Zip: DAYTONA BEACH, FL 32118 US  City-St-Zip: DAYTONA BEACH, FL 32114 US  City-St-Zip: City-St-Zip: DAYTONA BEACH, FL 32114 US  City-St-Zip: City-St-Zip: DAYTONA BEACH, FL 32114 US  City-St-Zip:	Current M	lailing Address:	New Maili	ing Address:
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Name and Address of Current 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 bin the State of Florida.  SIGNATURE:    Electronic Signature of 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 be in the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent	In accordan	ce with s. 607.193(2)(b), F.S., the corporation did not receiv	e the prior notic	ce.
Date   Date	HUDSON, 10 RIOPIN ORMOND The above	RONEE IAR TRAIL BEACH, FL 32174 US  named entity submits this statement for the purpose		
Electronic Signature of Registered Agent  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  Itile: P () Delete				
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  Title: P () Delete	OIOINATOI			 Date
Name: HUGER, SR., JAMES E DR. Address: 935 SYCAMORE STREET City-St-Zip: DAYTONA BEACH, FL 32114 US  Title: VPT () Delete Name: HESS, RUSTON DR Address: 501 PLAZA BLVD. City-St-Zip: DAYTONA BEACH, FL 32118 US  Title: TD () Delete Title: VP () Change () Addition HESS, RUSTON DR Address: 501 PLAZA BLVD. City-St-Zip: DAYTONA BEACH, FL 32118 US  Title: TD () Delete Title: () Change () Addition Name: PERSCHMANN, LUTZ INGO Name: PERSCHMANN, LUTZ INGO Address: 1182 SUWANNEE RD City-St-Zip: DAYTONA BEACH, FL 32114 US  Title: S () Delete Title: () Change () Addition Name: OSBORNE, KATHLEEN Address: 248 AUTUMN TRAIL City-St-Zip: PORT ORANGE, FL 32129 US  Title: ED () Delete Title: () Change () Addition Name: HUDSON, RONEE Address: 10 RIO PINAR TRAIL City-St-Zip: ORMOND BEACH, FL 32174 US  Title: P () Change (X) Addition Name: HUDSON, RONEE Address: 10 RIO PINAR TRAIL City-St-Zip: ORMOND BEACH, FL 32174 US  Title: P () Change (X) Addition Name: HUDSON, Addition Name: HUDSON, RONEE Address: 10 RIO PINAR TRAIL City-St-Zip: ORMOND BEACH, FL 32174 US  Title: P () Change (X) Addition Name: HUDSON, Addition Name: HUDSON, RONEE			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Name: HESS, RUSTON DR Address: 501 PLAZA BLVD. City-St-Zip: DAYTONA BEACH, FL 32118 US  Title: TD () Delete Title: () Change () Addition Name: PERSCHMANN, LUTZ INGO Name: Address: 1182 SUWANNEE RD Address: DAYTONA BEACH, FL 32114 US  City-St-Zip: DORT ORANGE, FL 32129 US  City-St-Zip: DORT ORANGE, FL 32129 US  City-St-Zip: DORT ORANGE, FL 32129 US  City-St-Zip: DORT ORANGE, FL 32174 US  City-St-Zip: ORMOND BEACH, FL 32174 US  Title: () Delete Title: P () Change (X) Addition Name: BORNSTEIN, ALLEN	Name: Address:	HUGER, SR., JAMES E DR. 935 SYCAMORE STREET	Name: Address:	HUGER, SR., JAMES E DR. 935 SYCAMORE STREET
Name: PERSCHMANN, LUTZ INGO Address: 1182 SUWANNEE RD City-St-Zip: DAYTONA BEACH, FL 32114 US  Fitle: S () Delete Name: OSBORNE, KATHLEEN Address: 248 AUTUMN TRAIL City-St-Zip: PORT ORANGE, FL 32129 US  Fitle: ED () Delete Name: HUDSON, RONEE Address: 10 RIO PINAR TRAIL City-St-Zip: ORMOND BEACH, FL 32174 US  Fitle: () Delete Title: P () Change () Addition Name: Address: City-St-Zip: ORMOND BEACH, FL 32174 US  Fitle: () Delete Title: P () Change (X) Addition Name: BORNSTEIN, ALLEN	Name: Address:	HESS, RUSTON DR 501 PLAZA BLVD.	Name: Address:	HESS, RUSTON DR 501 PLAZA BLVD.
Name: OSBORNE, KATHLEEN Address: 248 AUTUMN TRAIL City-St-Zip: PORT ORANGE, FL 32129 US  Title: ED () Delete Name: HUDSON, RONEE Address: 10 RIO PINAR TRAIL City-St-Zip: ORMOND BEACH, FL 32174 US  Title: () Delete Title: P () Change (X) Addition Name: BORNSTEIN, ALLEN	Name: Address:	PERSCHMANN, LUTZ INGO 1182 SUWANNEE RD	Name: Address:	( ) Change ( ) Addition
Name: HUDSON, RONEE Name: Address: 10 RIO PINAR TRAIL Address: City-St-Zip: ORMOND BEACH, FL 32174 US City-St-Zip:  Title: ( ) Delete Title: P ( ) Change (X) Addition Name: BORNSTEIN, ALLEN	Name: Address:	OSBORNE, KATHLEEN 248 AUTUMN TRAIL	Name: Address:	( ) Change ( ) Addition
Name: BORNSTEIN, ALLEN	Name: Address:	HUDSON, RONEE 10 RIO PINAR TRAIL	Name: Address:	( ) Change ( ) Addition
City-St-Zip: ORMOND BEACH, FL 32174 US	Name: Address:	( ) Delete	Name: Address:	BORNSTEIN, ALLEN 58 CYPRESS GROVE LANE

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: RONEE HUDSON ED 05/03/2005