

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29664

FILED
May 02, 2006
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 ()**
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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VP () Delete
Name: HESS, RUSTON DR
Address: 501 PLAZA BLVD.
City-St-Zip: DAYTONA BEACH, FL 32118 US

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

Title: S () Delete
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: P () Delete
Name: BORNSTEIN, ALLEN
Address: 58 CYPRESS GROVE LANE
City-St-Zip: ORMOND BEACH, FL 32174 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HUGER, SR., JAMES E DR.
Address: 935 SYCAMORE STREET
City-St-Zip: DAYTONA BEACH, FL 32174 US

Title: VP (X) Change () Addition
Name: MANTHEY, ROBERT
Address: 405 PELICAN BAY DRIVE
City-St-Zip: DAYTONA BEACH, FL 32119 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

05/02/2006

Electronic Signature of Signing Officer or Director

Date