

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29664

FILED
Jan 06, 2010
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 AVE
DAYTONA BEACH, FL 32114 US

New Mailing Address:

FEI Number: 59-2938258 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HUDSON, RONEE
10 RIO PINAR 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: P
Name: JONES, PAT
Address: 50 FLORIDA PARK DRIVE
City-St-Zip: PALM COAST, FL 32137 US

Title: VP
Name: SPENCER, CRAIG
Address: 3780 SOUTH CLYDE MORRIS BOULEVARD, #N2305
City-St-Zip: PORT ORANGE, FL 32129 US

Title: TD
Name: ALLEN, BORNSTEIN
Address: 58 CYPRESS GROVE LANE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: S
Name: OSBORNE, KATHLEEN
Address: 20-B COUNTRY CLUB DRIVE
City-St-Zip: NEW SMYRNA, FL 32168 US

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

I hereby 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 all other like empowered.

SIGNATURE: RONEE HUDSON

ED

01/06/2010

Electronic Signature of Signing Officer or Director

Date