

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29664

FILED
Feb 25, 2011
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 ()

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:

SILVERMAN, RONEE
3 CHOCTAW 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: RONEE SILVERMAN

02/25/2011

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: SILVERMAN, RONEE
Address: 3 CHOCTAW 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 SILVERMAN

ED

02/25/2011

Electronic Signature of Signing Officer or Director

Date