

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N29664

FILED  
May 15, 2003  
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:**

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 ( ) Delete  
Name: HOFFMAN, NORMAN PHD  
Address: 595 W GRANADA BLVD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPT ( ) Delete  
Name: HOGER, JIMMY SR PHD  
Address: 935 SYCAMORE STREET  
City-St-Zip: DAYTONA BEACH, FL 32114

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: 120 HARRSION ROAD  
City-St-Zip: EDGEWATER, FL 32141

Title: ED ( ) Delete  
Name: HUDSON, RONEE  
Address: 2227 SHERWOOD DR.  
City-St-Zip: SOUTH DAYTONA, FL 32119

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

05/15/2003

Electronic Signature of Signing Officer or Director

Date