FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N31659** **(8)**

1. Corporation Name

FLORIDA CENTER FOR THE BLIND, INC.

Principal Place of Business	Mailing Address
7651 S.W. HWY. 200 502 OCALA FL 34476-3869 US	7651 S.W. HWY. 200 502 OCALA FL 34476-3869 US

3. Date Incorporated or Qualified: **04/11/1989**
3a. Date of Last Report: **02/16/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-2953392** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WOMBLE, MARILYN
7651 S.W. HIGHWAY 200
SUITE 502
OCALA FL 34476

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE N/A
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	11 TITLE	P	☒ Change ☒ Addition
NAME	DOHM, GAYLE		12 NAME	JOHNSON, DONNA C.	
STREET ADDRESS	7578 SE 135TH ST		13 STREET ADDRESS	16655 SE 95TH COURT	
CITY-ST-ZIP	SUMMERFIELD FL		14 CITY-ST-ZIP	SUMMERFIELD, FL 34491	
TITLE	VPT	☐ DELETE	21 TITLE	D	☐ Change ☒ Addition
NAME	BAXLEY, DENNIS K		22 NAME	CERVELLERA, JOHN P.	
STREET ADDRESS	7275 SE 135TH ST		23 STREET ADDRESS	18621 SE 18TH STREET	
CITY-ST-ZIP	SUMMERFIELD FL		24 CITY-ST-ZIP	SILVER SPRINGS, FL 34488	
TITLE	S	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	COPELAND, HELEN		32 NAME		
STREET ADDRESS	400 SW 43RD PLACE		33 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	FOSTER, E.L.		42 NAME		
STREET ADDRESS	5751 E. SILVER SPRINGS BLVD.		43 STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS FL		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	HOOPER, LOWELL W.		52 NAME		
STREET ADDRESS	501 MAIN ST.		53 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	KAUFMAN, HERBERT R.		62 NAME		
STREET ADDRESS	20208 W. 93RD LAND RD.		63 STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL		64 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donna C. Johnson 1/30/96 352/873-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DONNA C. JOHNSON 352/245-2625