**FILE NOW: FILING FEE IS $61.25**

FILED
Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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<br>502<br>OCALA FL 34476-3869<br>US | 7651 S.W. HWY. 200<br>502<br>OCALA FL 34476<br>US |

3. Date Incorporated or Qualified: **04/11/1989**
3a. Date of Last Report: **01/31/1996**

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 Marilyn Womble 1-7-97
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 | 1.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | JOHNSON, DONNA C. | | 1.2 NAME | Wilkaitis | |
| STREET ADDRESS | 16855 SE 95TH COURT | | 1.3 STREET ADDRESS | 3001 SE Lake Weir Ave. | |
| CITY-ST-ZIP | SUMMERFIELD FL 34491 | | 1.4 CITY-ST-ZIP | Ocala, Fl 34471 | |
| TITLE | ~~VPT~~ VP | ☐ DELETE | 2.1 TITLE | VP | ☒ Change ☐ Addition |
| NAME | BAXLEY, DENNIS K | | 2.2 NAME | Baxley, Dennis K | |
| STREET ADDRESS | ~~7275 SE 135TH ST~~ | | 2.3 STREET ADDRESS | PO Box 386 | |
| CITY-ST-ZIP | ~~SUMMERFIELD FL~~ | | 2.4 CITY-ST-ZIP | Belleview, Fl. 34421 | |
| TITLE | S | ☒ DELETE | 3.1 TITLE | S | ☐ Change ☒ Addition |
| NAME | COPELAND, HELEN | | 3.2 NAME | D'Oria, N.J. | |
| STREET ADDRESS | 400 SW 43RD PLACE | | 3.3 STREET ADDRESS | 617 SE 43rd Ave | |
| CITY-ST-ZIP | OCALA FL | | 3.4 CITY-ST-ZIP | Ocala, Fl 34471 | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FOSTER, E.L. | | 4.2 NAME | | |
| STREET ADDRESS | 5751 E. SILVER SPRINGS BLVD. | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SILVER SPRINGS FL 34489 | | 4.4 CITY-ST-ZIP | | |
| TITLE | ~~D~~ T | ☐ DELETE | 5.1 TITLE | T | ☒ Change ☐ Addition |
| NAME | HOOPER, LOWELL W. | | 5.2 NAME | | |
| STREET ADDRESS | 501 MAIN ST. | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | INVERNESS FL 34450 | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KAUFMAN, HERBERT R. | | 6.2 NAME | | |
| STREET ADDRESS | 20208 W. 93RD LAND RD. | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DUNNELLON FL 34430 | | 6.4 CITY-ST-ZIP | | |

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Marilyn Womble 1-7-97 352-873-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0079741