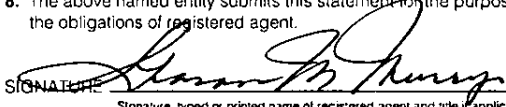
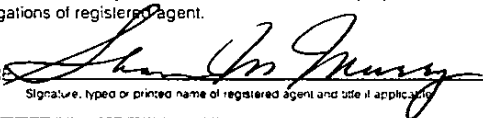
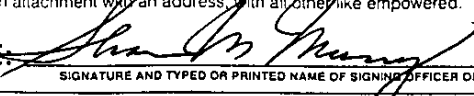


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

pg 1

DOCUMENT # N31659 1. Entity Name FLORIDA CENTER FOR THE BLIND, INC.						FILED 05 OCT 14 AM 9:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7325 SW 32 STREET OCALA, FL 34474 US				Mailing Address 7325 SW 32 STREET OCALA, FL 34474 US			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 59-2953392				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				05232005 Chg-NP CR2E037 (10/03)			
6. Name and Address of Current Registered Agent MELESTER, MALCOLM 7325 S.W. 32ND STREET OCALA, FL 34477-2937				7. Name and Address of New Registered Agent Name Sharon Murry Street Address (P.O. Box Number is Not Acceptable) 9264 SE 72nd Avenue City Ocala, FL Zip Code FL 34472			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable				DATE Oct 6, 2005 (NOTE: Registered Agent signature required when re-registering)			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, CECIL A JR PHD 3 LOCUST RUN OCALA, FL 34472 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jones, Cecil A Jr, PhD 7 Locust Run Ocala, FL 34481 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKMER, PATRICIA 9659-B SW 95 TERRACE OCALA, FL 34481 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Blackmer, Patricia 9659-B SW 95th Terrace Ocala, FL 34481 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D'ORIA, N.J. 617 SE 43RD AVE. OCALA, FL 34471 ☒ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hammond, Angela 8740 SE 87th Terrace Ocala, FL 34481 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PENNEY, FREDERICK J 9705-C SW 92 CT. OCALA, FL 34481 ☒ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wilson, Winona 350 NE 45th Terrace Ocala, FL 34470 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOOPER, LOWELL W. 501 MAIN ST. INVERNESS, FL 34450 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	900060630119 10/14/05--01052--007 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MELESTER, MALCOLM 11638 SW 72 CIRCLE OCALA, FL 34476 ☒ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Murry, Sharon 9264 SE 72nd Avenue Ocala, FL 34472 ☐ Change ☒ Addition		
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Oct 6, 2005 Daytime Phone # 352-873-4700			

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		05232005 Chg-NP CR2E037 (10/03)	
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MELESTER, MALCOLM 7325 S.W. 32ND STREET OCALA, FL 34477-2937		Name Sharon Murry Street Address (P.O. Box Number is Not Acceptable) 9264 SE 72nd Avenue City Ocala, FL Zip Code FL	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
		D Connie Larsen 6978 SE 12th Circle Ocala, FL 34480	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
		D Mike Crimy 10762 SE US Hwy. 441 Bellevue, FL 34420	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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SIGNATURE 		DATE Oct 6, 2005 352-873-4700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	