2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2008
Secretary of State

DOCUMENT# N31659

Entity Name: FLORIDA CENTER FOR THE BLIND, INC.

Current Principal Place of Business:

7325 SW 32 STREET
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

7325 SW 32 STREET
OCALA, FL 34474 US

New Mailing Address:

FEI Number: 59-2953392 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, GWAIN A
7325 SW 32ND STREET
OCALA, FL 34474 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: JONES, CECIL A JR PHD
Address: 7 LOCUST RUN
City-St-Zip: OCALA, FL 34472

Title: S ( ) Delete
Name: BLACKMER, PATRICIA M
Address: 9659-B SW 95 TERRACE
City-St-Zip: OCALA, FL 34481

Title: V ( ) Delete
Name: PENNEY, FRED
Address: 9705 UNIT C SW 92ND CT.
City-St-Zip: OCALA, FL 34481

Title: D ( ) Delete
Name: WILSON, WINONA
Address: 350 NE 45TH TERRACE
City-St-Zip: OCALA, FL 34470

Title: D ( ) Delete
Name: CLARK, ESTELLE M
Address: 9335-E S.W. 85TH TERRACE
City-St-Zip: OCALA, FL 34481

Title: T ( ) Delete
Name: MCDONALD, BERNICE M
Address: 6314 SW 84 PLACE ROAD
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CECIL A. JONES, OFFICER MR. 02/17/2008

Electronic Signature of Signing Officer or Director — Date