2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2011
Secretary of State

DOCUMENT# N31659

Entity Name: FLORIDA CENTER FOR THE BLIND, INC.

Current Principal Place of Business:

7634 SW 60TH AVE.
OCALA, FL 34476 US

New Principal Place of Business:

Current Mailing Address:

7634 SW 60TH AVE.
OCALA, FL 34476 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

ARNDT, TEENA J
7634 SW 60TH AVE.
OCALA, FL 34476 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
Name: MAWHINEY, ROBERT
Address: 9196-B SW 89TH TERRACE
City-St-Zip: OCALA, FL 34481

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

Title: S
Name: PHILLIPS, WENDY
Address: 6314 SW 84TH PLACE RD.
City-St-Zip: OCALA, FL 34476

Title: D
Name: BREWER, EDWARD
Address: 11456 SW 69TH CIRCLE
City-St-Zip: OCALA, FL 34476

Title: D
Name: CARUANA, ROBERT
Address: 8959-B SW 96TH LANE
City-St-Zip: OCALA, FL 34481

Title: D
Name: DAVIS, JAMES
Address: 8978- B SW 94TH LANE
City-St-Zip: OCALA, FL 34481

I hereby 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 all other like empowered.

SIGNATURE: DR. ROBERT MAWHINEY P 02/21/2011

Electronic Signature of Signing Officer or Director Date