

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N38173

FILED
Dec 23, 2009
Secretary of State

Entity Name: BLIND AMERICANS, INC.

Current Principal Place of Business:

C/O ROBERT M. KROKKER
6055 N.CARL G. ROSE HWY.
HERNANDO, FL 34422140

New Principal Place of Business:

Current Mailing Address:

C/O ROBERT M. KROKKER
6055 N.CARL G. ROSE HWY.
HERNANDO, FL 34422140

New Mailing Address:

FEI Number: 59-3009855 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KROKKER, ROBERT M.
8391 N. TEE LAKE POINT
HERNANDO, FL 32642 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: ROBERT M. KROKKER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KROKKER, ROBERT M.
Address: 8391 N.TEE LAKE PT.
City-St-Zip: HERNANDO, FL

Title: VD () Delete
Name: MIEKKA, JAMES
Address: 5689 W THOMAS CT
City-St-Zip: HOMOSASSA, FL 34446

Title: T () Delete
Name: LEBERT, PHYLLIS
Address: 3441 E. JONAH PL.
City-St-Zip: INVERNESS, FL 34453

Title: S () Delete
Name: VARNEY, MARGUERITO
Address: 4955 S CATFISH TERR
City-St-Zip: FLORAL CITY, FL 34436

Title: VD () Delete
Name: KROKKER, EVELYN
Address: 8391 N. TREE LAKE PT
City-St-Zip: HERNANDO, FL 34442

Title: CS (X) Delete
Name: BUTLER, KATHLEEN
Address: 1429 W HIGHLAND BLVD
City-St-Zip: INVERNESS, FL 34452

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KROKKER, ROBERT M.
Address: 8391 N.TEE LAKE PT.
City-St-Zip: HERNANDO, FL 32642 US

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

Title: T (X) Change () Addition
Name: MURPHY, SHIRLEY A
Address: 2874 W GARDENIA DR
City-St-Zip: CITRUS SPRINGS, FL 34434

Title: S (X) Change () Addition
Name: BLIVEN, MARSHA J
Address: 7931 SW 186 CIRCLE
City-St-Zip: DUNNELLON, FL 34432

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: ROBERT M KROKKER

DP

12/23/2009

Electronic Signature of Signing Officer or Director

Date