

# 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 344422140

## New Principal Place of Business:

## Current Mailing Address:

C/O ROBERT M. KROKKER  
6055 N.CARL G. ROSE HWY.  
HERNANDO, FL 344422140

## 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