FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 18 PM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39582 (4)

1. Corporation Name
THE FELLOWSHIP CLUB FOR THE VISUALLY IMPAIRED, INC.

Principal Place of Business	Mailing Address
1225 HIGHLAND AVE. SO CLEARWATER FL 34616 US	1225 HIGHLAND AVE. SO CLEARWATER FL 34616 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/06/1990
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-3037585 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent
DILLARD, MARIE
3333 SAN MATEO ST.
CLEARWATER FL 34619

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	OV	1.1 TITLE	President T	☒ Change ☐ Addition
NAME	OWENS, FRED	1.2 NAME	Owens Fred	
STREET ADDRESS	672 POINSETTA RD.	1.3 STREET ADDRESS	672 Poinsetta Rd.	
CITY-ST-ZIP	BELLEAIR FL	1.4 CITY-ST-ZIP	Belleair Fl 34616	
TITLE	D	2.1 TITLE	Vice President T	☒ Change ☐ Addition
NAME	DILLARD, MARIE	2.2 NAME	Kugler Joseph	
STREET ADDRESS	3333 SAN MATEO ST.	2.3 STREET ADDRESS	2287 Phillippine Dr. #15	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Clearwater Fl. 34623	
TITLE	DS	3.1 TITLE	Secretary T	☒ Change ☐ Addition
NAME	DILLARD, WALTER	3.2 NAME	Fagg Bonnard	
STREET ADDRESS	3333 SAN MATEO ST.	3.3 STREET ADDRESS	249 Jasper N.W. #26	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Largo Fl	
TITLE	DT	4.1 TITLE	Treasurer T	☒ Change ☐ Addition
NAME	GERTRUDE, ALLEN	4.2 NAME	Dillard, Walter	
STREET ADDRESS	1099 MCMULLEN BOOTH RD #403	4.3 STREET ADDRESS	3333 San Mateo St	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	Clearwater FL 34619	
TITLE		5.1 TITLE	Director D	☐ Change ☐ Addition
NAME		5.2 NAME	Dillard, Marie	
STREET ADDRESS		5.3 STREET ADDRESS	3333 San Mateo St	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Clearwater Fl 34619	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marie Dillard 3-18-95 813-726-5488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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