

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N39582 (4)

1. Corporation Name

THE FELLOWSHIP CLUB FOR THE VISUALLY IMPAIRED, INC.



Principal Place of Business

1225 HIGHLAND AVE. SO  
CLEARWATER FL 34616  
US

Mailing Address

1225 HIGHLAND AVE. SO  
CLEARWATER FL 34616  
US

3. Date Incorporated or Qualified  
08/06/1990

3a. Date of Last Report  
04/18/1995

2. Principal Place of Business

21 Same

2a. Mailing Address

26 Same

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PT  
OWENS, FRED  
672 POINSETTA ROAD  
BELLEAIR FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
KUGLER, JOSEPH  
2287 PHILIPPINE DRIE, #45  
CLEARWATER FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
FAGE, BONNARD  
249 JASPER NW #126  
LARGO FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
DILLARD, WALTER  
3333 SAN MATEO ST  
CLEARWATER FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DILLARD, MARIE  
3333 SAN MATEO ST  
CLEARWATER FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PT  
12 NAME Joseph Kugler  
13 STREET ADDRESS 2287 Philippine Dr. #45  
14 CITY-ST-ZIP Clearwater FL

☒ Change ☐ Addition

21 TITLE VP  
22 NAME Bonnard Fage  
23 STREET ADDRESS 249 Jasper NW #126  
24 CITY-ST-ZIP Largo FL

☒ Change ☐ Addition

31 TITLE ST  
32 NAME Walter Dillard  
33 STREET ADDRESS 3333 San Mateo St  
34 CITY-ST-ZIP Clearwater FL 34619

☒ Change ☐ Addition

41 TITLE D  
42 NAME Marie Dillard  
43 STREET ADDRESS 3333 San Mateo St  
44 CITY-ST-ZIP Clearwater FL 34619

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96

Date

726 5488

Daytime Phone #

CR2E037 (12/95)