## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000003674

FILED Apr 25, 2008 Secretary of State

Entity Name: INDEPENDENCE FOR THE BLIND OF WEST FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1302 DUNMIRE ST PENSACOLA, FL 32504 US **Current Mailing Address: New Mailing Address:** 1302 DUNMIRE ST US PENSACOLA, FL 32504 FEI Number: 59-3297510 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BURDESS, RICHARD L EX DIR 1302 DUNMIRE ST PENSACOLA, FL 32504 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** (X) Change ( ) Addition () Delete THOMPSON, DEBRA THOMPSON, DEBRA Name: Name: 5700 LANGLEY CIRCLE Address: 5700 LANGLEY CIRCLE Address: City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: PENSACOLA, FL 32504 Title: SEC () Delete Title: (X) Change ( ) Addition BELL, CLARENCE Name: VARNER, CHRISTOPHER Name: Address: 1000 EAST YONG STREET Address: 6056 DOCTOR'S PARK ROAD City-St-Zip: PENSACOLA, FL 32503 City-St-Zip: MILTON, FL 32570 Title: DIR () Delete Title: (X) Change ( ) Addition BARBEE, GLENN BARBEE, GLENN Name: Name: 16340 NORTH SHORE DRIVE Address: 16340 NORTH SHORE DRIVE Address: City-St-Zip: PENSACOLA, FL 32507 City-St-Zip: PENSACOLA, FL 32507 Title: TREA ( ) Delete Title: () Change () Addition Name: MELVILLE, RICHARD Name: Address: 1204 DUNMIRE STREET Address: City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: Title: VΡ () Delete Title: **PRES** (X) Change ( ) Addition ENGEL, JOAN Name: Name: ENGEL, JOAN 8775 THUNDERBIRD DRIVE 8775 THUNDERBIRD DRIVE Address: Address: City-St-Zip: PENSACOLA, FL 32514 City-St-Zip: PENSACOLA, FL 32514 Title: () Delete Title: () Change () Addition POWITZKY, MARILYN Name: Name: Address: 3044 EAGLE POINT DRIVE Address: PACE, FL 32571 City-St-Zip: 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: RICHARD L BURDESS EDIR 04/25/2008