

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003674

FILED
May 11, 2009
Secretary of State

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

Current Principal Place of Business:

1302 DUNMIRE ST
PENSACOLA, FL 32504 US

New Principal Place of Business:

Current Mailing Address:

1302 DUNMIRE ST
PENSACOLA, FL 32504 US

New Mailing Address:

FEI Number: 59-3297510 **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:

BURDESS, RICHARD L EX DIR
1302 DUNMIRE ST
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

RIEDER, RUSSELL M 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: RUSSELL M. RIEDER

05/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SEC () Delete
Name: THOMPSON, DEBRA
Address: 5700 LANGLEY CIRCLE
City-St-Zip: PENSACOLA, FL 32504

Title: DIR () Delete
Name: VARNER, CHRISTOPHER
Address: 6056 DOCTOR'S PARK ROAD
City-St-Zip: MILTON, FL 32570

Title: VP () Delete
Name: BARBEE, GLENN
Address: 16340 NORTH SHORE DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: TREA () Delete
Name: MELVILLE, RICHARD
Address: 1204 DUNMIRE STREET
City-St-Zip: PENSACOLA, FL 32504

Title: PRES () Delete
Name: ENGEL, JOAN
Address: 8775 THUNDERBIRD DRIVE
City-St-Zip: PENSACOLA, FL 32514

Title: DIR () Delete
Name: POWITZKY, MARILYN
Address: 3044 EAGLE POINT DRIVE
City-St-Zip: PACE, FL 32571

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: RUSSELL M. RIEDER

ED

05/11/2009

Electronic Signature of Signing Officer or Director

Date