2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2009
Secretary of State

DOCUMENT# N94000002949

Entity Name: PENSACOLA TRI-COUNTY CHAPTER #35 COUNCIL OF THE BLIND, INC.

Current Principal Place of Business:

3676 MOBILE HWY
PENSACOLA, FL 32505 US

New Principal Place of Business:

Current Mailing Address:

2253 COUNTRY PLACE CIR
C/O STURGEN ACCOUNTING
PENSACOLA, FL 32534 US

New Mailing Address:

FEI Number: 59-3317819 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STALLWORTH, LEVERT
2976 MELODY LN
PENSACOLA, FL 32505 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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: STALLWORTRH, LEVERT
Address: 2976 MELODY LANE
City-St-Zip: PENSACOLA, FL

Title: PD ( ) Delete
Name: MCDONAL, JONATHAN
Address: 4703 LILLIAN HWY
City-St-Zip: PENSACOLA, FL 32506

Title: VPD ( ) Delete
Name: WATTS, HOWARD
Address: 705 W BRAINERD ST
City-St-Zip: PENSACOLA, FL 32501

Title: SD ( ) Delete
Name: WOODS, MATTIE
Address: 7870 HERRINGTON DR
City-St-Zip: PENSACOLA, FL 32534

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
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: LEVERT STALLWORTH T/D 02/20/2009

Electronic Signature of Signing Officer or Director — Date