2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State
07-25-2005 90096 011 ****61.25

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1. Entity Name
HERITAGE FOR THE BLIND, INC.

50057240

Principal Place of Business	Mailing Address
2882 NOSTRAND AVE BROOKLYN, NY 11229 US	2882 NOSTRAND AVE BROOKLYN, NY 11229 US

07012005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2164446
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ZEMEL, MORTON B
4700 B SHERIDAN ST
HOLLYWOOD, FL 33021

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DRESSER, ABRAM
STREET ADDRESS	1675 EAST 21ST #2-A
CITY-ST-ZIP	BROOKLYN, NY 11210
TITLE	D
NAME	FRANKER, BERNARD
STREET ADDRESS	1542 41ST STREET
CITY-ST-ZIP	BROOKLYN, NY 11218
TITLE	D
NAME	MOSES, RIVOLI
STREET ADDRESS	1668 W 6TH STREET
CITY-ST-ZIP	BROOKLYN, NY 11223
TITLE	D
NAME	TOIV, STEVEN
STREET ADDRESS	3422 AVE L
CITY-ST-ZIP	BROOKLYN, NY 11223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 7/5/05 718-253-5015 x3020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #