

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90096 011 ****61.25

DOCUMENT # N95000000378 1. Entity Name HERITAGE FOR THE BLIND, INC.	
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Principal Place of Business 2882 NOSTRAND AVE BROOKLYN, NY 11229 US	Mailing Address 2882 NOSTRAND AVE BROOKLYN, NY 11229 US
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50057240



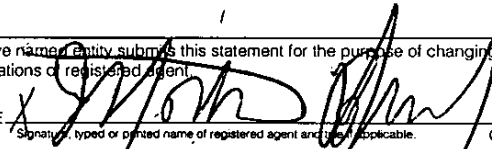
07012005 No Chg-NP CR2E037 (10/03)

4. FEI Number 58-2164446	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ZEMEL, MORTON B 4700 B SHERIDAN ST HOLLYWOOD, FL 33021

**DO NOT WRITE
IN THIS SPACE**

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

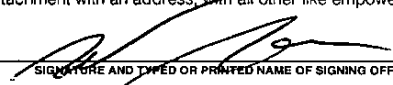
**Filing Fee is \$61.25
Due by September 7, 2005**

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

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

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/5/05

718-253-5015 x5020