

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 29, 1996 08:00 AM
Secretary of State

DOCUMENT # P29710 (1)
1. Corporation Name
NATIONAL ASSOCIATION FOR VISUALLY HANDICAPPED, I
NC.



Principal Place of Business Mailing Address
22 W. 21ST STREET 22 W. 21ST STREET
NEW YORK NY 10010 NEW YORK NY 10010

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/11/1990		3a. Date of Last Report 05/01/1995	
21		26		4. FEI Number 94-1384642		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

ROSKIN, SOL
% HALLMARK PRESS
1337 NW 155TH DRIVE
MIAMI FL 33169

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Sol Roskin*
Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

5/9/96
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURZMAN, PETER	1.2 NAME	
STREET ADDRESS	201 E 68TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEKS, CAROL	2.2 NAME	
STREET ADDRESS	201 E 68TH STREET	2.3 STREET ADDRESS	307 E. 51 St.
CITY-ST-ZIP	NEW YORK NY -	2.4 CITY-ST-ZIP	New York, NY 10022
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWITT, ROBIN	3.2 NAME	James Slabe
STREET ADDRESS	305 EAST 24 ST.	3.3 STREET ADDRESS	17 Mountainview Dr.
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	Mountainside, NJ 07092
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTERAN, WAYNE W.	4.2 NAME	
STREET ADDRESS	446 W 23RD ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCHI, LORRAINE H.	5.2 NAME	
STREET ADDRESS	22 W. 21ST STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, EVA	6.2 NAME	
STREET ADDRESS	615 FORT WASHINGTON AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Eva Cohen* Eva Cohen, Asst. Dir. 5/9/96 (212) 889-3141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)