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May 01 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P29710 (1)

1. Corporation Name

NATIONAL ASSOCIATION FOR VISUALLY HANDICAPPED, I
NC.

Principal Place of Business

22 W. 21ST STREET
NEW YORK NY 10010

Mailing Address

22 W. 21ST STREET
NEW YORK NY 10010-69043. Date Incorporated or Qualified
06/11/19903a. Date of Last Report
05/29/1996

4. FEI Number

94-1384642

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 4/24/97

12. OFFICERS AND DIRECTORS

TITLE PRES
NAME KURZMAN, PETER
STREET ADDRESS 201 E 60TH STREET
CITY-ST-ZIP NEW YORK NYNAME WEEKS, CAROL
STREET ADDRESS 307 E. 51 ST.
CITY-ST-ZIP NEW YORK NY 10022TITLE S
NAME SLABE, JAMES
STREET ADDRESS 17 MOUNTAINVIEW DR
CITY-ST-ZIP MOUNTAINVIEW NJ 07092TITLE T
NAME LUTERAN, WAYNE W.
STREET ADDRESS 446 W 23RD ST
CITY-ST-ZIP NEW YORK NYTITLE D
NAME MARCHI, LORRAINE H.
STREET ADDRESS 22 W. 21ST STREET
CITY-ST-ZIP NEW YORK NYTITLE D
NAME COHEN, EVA
STREET ADDRESS 615 FORT WASHINGTON AVE.
CITY-ST-ZIP NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES
1.2 NAME SLABE, JAMES
1.3 STREET ADDRESS 7 Mountainview Drive
1.4 CITY-ST-ZIP Mountainside, NJ 070922.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE SECRETARY
3.2 NAME JAMES MC GROARTY, M.D.
3.3 STREET ADDRESS 140 Joralemon St.
3.4 CITY-ST-ZIP Brooklyn, NY 112014.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP14. I do 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 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 if changed, or on an attachment with an address.SIGNATURE: *[Signature]* Lorraine H. Marchi Executive Director
4/18/97

CR2E037 (9/96)