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Feb 25, 1999 8:00 am  
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02-25-1999 90023 016 \*\*\*\*70.00

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P29710**

1. Corporation Name

**NATIONAL ASSOCIATION FOR VISUALLY HANDICAPPED, INC.**

Principal Place of Business

Mailing Address

22 W. 21ST STREET  
NEW YORK NY 10010

22 W. 21ST STREET  
NEW YORK NY 10010



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

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**

1/7/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **SLABE, JAMES**  
STREET ADDRESS **7 MOUNTAINVIEW DRIVE**  
CITY-ST-ZIP **MOUNTAINSIDE NJ**

TITLE **C** ☒ DELETE

NAME **WEEKS, CAROL**  
STREET ADDRESS **307 E. 51 ST.**  
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **S** ☐ DELETE

NAME **NOBLE, KENNETH M.D.**  
STREET ADDRESS **161 MADISON AVE**  
CITY-ST-ZIP **NEW YORK CITY NY 10016**

TITLE **T** ☐ DELETE

NAME **LUTERAN, WAYNE W.**  
STREET ADDRESS **446 W 23RD ST**  
CITY-ST-ZIP **NEW YORK NY**

TITLE **D** ☐ DELETE

NAME **MARCHI, LORRAINE H.**  
STREET ADDRESS **22 W. 21ST STREET**  
CITY-ST-ZIP **NEW YORK NY**

TITLE **D** ☐ DELETE

NAME **COHEN, EVA**  
STREET ADDRESS **615 FORT WASHINGTON AVE.**  
CITY-ST-ZIP **NEW YORK NY**

1.1 TITLE ☒ Change ☐ Addition

NAME **Marvin Sandler**  
1.2 NAME **200 East End Ave., #91**  
1.3 STREET ADDRESS **New York, NY 10021**  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

NAME **Lester Minton**  
2.2 NAME **64-39 Alderton St.**  
2.3 STREET ADDRESS **Rego Park, NY 11374-5011**  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

NAME **Shari L. Dorfman**  
3.2 NAME **101 High Point Dr.**  
3.3 STREET ADDRESS **Springfield, NJ 07081**  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

NAME **Mimi C. Berman, Ph.D.**  
4.2 NAME **200 East End Ave., #91**  
4.3 STREET ADDRESS **New York, NY 10021**  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99 (212) 889-3141

Date

Daytime Phone #

CR2E037 (1/98)