

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90006 006 ****61.25

DOCUMENT # P29710

1. Entity Name

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



Principal Place of Business

**22 W. 21ST STREET
6TH FLOOR
NEW YORK NY 10010
US**

Mailing Address

**22 W. 21ST STREET
6TH FLOOR
NEW YORK NY 10010
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-1384642

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

Sol Rosch

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

(NOTE: Registered Agent signature required when reinstating)

3/22/04

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **SANDLER, MARVIN**
STREET ADDRESS **200 EAST END AVE., #91**
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **BERMAN, MIMI**
STREET ADDRESS **200 EAST END AVE #91**
CITY-ST-ZIP **NEW YORK NY 10128**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **GAMELL, LISA S**
STREET ADDRESS **444 EAST 82ND STREET #7D**
CITY-ST-ZIP **NEW YORK NY 10028**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **I** ☐ Delete
NAME **KRAUSS, IRA W**
STREET ADDRESS **183 GRANT AVE**
CITY-ST-ZIP **NEW PROVIDENCE NJ 07974**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MARCHI, LAWRENCE**
STREET ADDRESS **22 W. 21ST STREET**
CITY-ST-ZIP **NEW YORK NY 10010**

TITLE ☒ Change ☐ Addition
NAME **Dr. Lorraine H. Marchi**
STREET ADDRESS **22 West 21st Street**
CITY-ST-ZIP **New York, NY 10010**

TITLE **D** ☐ Delete
NAME **GOMEZ, CESAR**
STREET ADDRESS **22 W. 21ST STREET**
CITY-ST-ZIP **NEW YORK NY 10010**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 persons empowered.

SIGNATURE:

Wanda Luzman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04
Date

(212) 889-3411
Daytime Phone #

OFFICERS/DIRECTORS NAVH BOARD 2003

Attachment

*# P29710
44022545*

OFFICERS:

MARVIN SANDLER.....	200 East End Ave. #91		(212)
FAX 516-752-3135	New York, NY	10128	831-6799
			(800)
MICHAEL J. ISRAELS.....	c/o Brewster Lehman Stewardship		
	3 Lincoln Center - 51 st Flr		(212)
FAX 595-3123	New York	10023	579-8400 (b)
			537-2118
MIMI C. BERMAN.....	200 East End Ave #91		(212)
800/537-2118	New York	10128	860-6753
RUTH ANN ROSENBERG.....	870 - 43rd Avenue		(415)
	San Francisco, CA	94121	221-1452
IRA W. KRAUSS.....	183 Grant Avenue		(212)
	New York, NY	10022	759-6620
LISA GAMELL, M.D.....	444 East 82 nd St		(212)
	New York, NY	10028	288-9948

DIRECTORS:

JONATHAN P. ELLANT, M.D....	114 East 27 th Street		(212)
	New York, NY	10016	889-7177
ARTHUR S. FRIEDMAN.....	2144 Seneca W.		(516)
	Merrick, NY	11566	868-3824
CYNTHIA R. FRIEDMAN.....	(SAME)		
MAIJA-SARMITE JANSONS.....	P.O. Box 22		
	Tranquility, NJ	07879	Same
ROBERT Z. LEWIS.....	250 West 94 th St.		(212)
	New York, NY	10025	222-6299
GERALD MARINOFF, M.D.....	214 Strawtown Rd.		(914)
	New City, NY	10956	638-4896
ROBIN MUMFORD.....	47 South Bay Avenue		(732)
	Highland, NJ	07732	291-1930
JOSEPH MYERS.....	817 Rue Avenue		(732)
FAX 308-7807-308-6060x110	Pt. Pleasant, NJ	08742	899-8439
MARY RYAN.....	1 Christopher St.		(212)
	New York, NY	10014	929-5104
PROFESSOR NAOMI WARONOV....	405 West 23 rd Street		(212)
	New York, NY	10011	633-7128
RICHARD SPAIDE, M.D., Chair - Medical Ad Bd			
EFFIE LEE MORRIS - Chair - Technical Bd			

**OFFICERS AND DIRECTORS
RELATED BY MARRIAGE**

**ARTHUR S. and CYNTHIA R. FRIEDMAN
MICHAEL J. ISRAELS and MAIJA-SARMITE JANSONS
MARVIN SANDLER & MIMI BERMAN SANDLER**