

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P29710**

1. Entity Name

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



Principal Place of Business

Mailing Address

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

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



2. Principal Place of Business - No P.O. Box #

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

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**000000638929  
02/28/07-80007-023 61.25**

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

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

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **FRIEDMAN, CYNTHIA**  
CITY-ST-ZIP **2144 SENECA W  
MERRICK NY 11566**

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

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **DONDERO, MICHAEL**  
CITY-ST-ZIP **145 FIFTH AVENUE  
NEW YORK NY 10010**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MARCHI, LORRAINE H'DR**  
CITY-ST-ZIP **22 WEST 21ST ST.  
NEW YORK NY 10010**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **GOMEZ, CESAR**  
CITY-ST-ZIP **22 W. 21ST STREET  
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 exemptions contained in Section 119, 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:

*[Handwritten Signature]*

2/13/07

(212) 889-3141