# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Apr 21, 2008 8:00 am**
**Secretary of State**
04-21-2008 90044 009 ****61.25

DOCUMENT # P29710

1. Entity Name

NATIONAL ASSOCIATION FOR VISUALLY HANDICAPPED, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 22 W. 21ST STREET<br>6TH FLOOR<br>NEW YORK NY 10010<br>US | 22 W. 21ST STREET<br>6TH FLOOR<br>NEW YORK NY 10010<br>US |

1st MOORE CR2E037 (10/07)

| 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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ROSKIN, SOL<br>% HALLMARK PRESS<br>1337 NW 155TH DRIVE<br>MIAMI FL 33169 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2008**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>SANDLER, MARVIN<br>200 EAST END AVE., #9I<br>NEW YORK NY | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>BERMAN, MIMI<br>200 EAST END AVE #9I<br>NEW YORK NY 10128 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>FRIEDMAN, CYNTHIA<br>2144 SENECA W<br>MERRICK NY 11566 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>DONDERO, MICHAEL<br>145 FIFTH AVENUE<br>NEW YORK NY 10010 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | XX Change ☐ Addition<br>new address:<br>924 Broadway<br>New York, NY 10010 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MARCHI, LORRAINE H DR<br>22 WEST 21ST ST.<br>NEW YORK NY 10010 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GOMEZ, CESAR<br>22 W. 21ST STREET<br>NEW YORK NY 10010 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** Dr. Marchi 4/14/08