

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29710

FILED  
Sep 14, 2009  
Secretary of State

**Entity Name:** NATIONAL ASSOCIATION FOR VISUALLY HANDICAPPED, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 94-1384642 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SANDLER, MARVIN  
Address: 200 EAST END AVE., #9I  
City-St-Zip: NEW YORK, NY

Title: V ( ) Delete  
Name: BERMAN, MIMI  
Address: 200 EAST END AVE #9I  
City-St-Zip: NEW YORK, NY 10128

Title: S ( ) Delete  
Name: FRIEDMAN, CYNTHIA  
Address: 2144 SENECA W  
City-St-Zip: MERRICK, NY 11566

Title: T (X) Delete  
Name: DONDERO, MICHAEL  
Address: 924 BROADWAY  
City-St-Zip: NEW YORK, NY 10010

Title: D (X) Delete  
Name: MARCHI, LORRAINE H DR  
Address: 22 WEST 21ST ST.  
City-St-Zip: NEW YORK, NY 10010

Title: D (X) Delete  
Name: GOMEZ, CESAR  
Address: 22 W. 21ST STREET  
City-St-Zip: NEW YORK, NY 10010 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SANDLER, MARVIN  
Address: 180 EAST END AVE., #20D  
City-St-Zip: NEW YORK, NY 10128

Title: VP (X) Change ( ) Addition  
Name: BERMAN, MIMI  
Address: 180 EAST END AVE., #20D  
City-St-Zip: NEW YORK, NY 10128

Title: ED (X) Change ( ) Addition  
Name: ROSEN, MIRIAM  
Address: 201 W. 89TH ST  
City-St-Zip: NEW YORK, NY 10084

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIRIAM ROSEN

ED

09/14/2009

Electronic Signature of Signing Officer or Director

Date