FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 24 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P39166 (4)

1. Corporation Name

GUIDE DOG FOUNDATION FOR THE BLIND, INC.

Principal Place of Business	Mailing Address
371 EAST JERICHO TURNPIKE SMITHTOWN NY 11787	371 EAST JERICHO TURNPIKE SMITHTOWN NY 11787

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/09/1992**
3a. Date of Last Report: **05/26/1994**
4. FEI Number: **11-1687477** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

DILLMAN, CHARLES
1459 MISSION DR. E.
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE		☐ Change ☐ Addition
NAME	SARISOHN, BERNARD	12 NAME		
STREET ADDRESS	350 VETERAN'S MEMORIAL HWY	13 STREET ADDRESS		
CITY-ST-ZIP	COMMACK NY	14 CITY-ST-ZIP		
TITLE	DP	21 TITLE	DP	☒ Change ☐ Addition
NAME	TEUFEL, PEGGY	22 NAME	VANDEWINCKEL, HEIDI	
STREET ADDRESS	38 WESTFIELD DR.	23 STREET ADDRESS	7 ARDENDALE ROAD	
CITY-ST-ZIP	CENTERPORT NY	24 CITY-ST-ZIP	EAST NORTHPORT, NY 11731	
TITLE	VPD	31 TITLE	VPD	☒ Change ☐ Addition
NAME	RETTINGER, ARTHUR	32 NAME	STRATFORD, ROBERT	
STREET ADDRESS	10 BEECH COURT	33 STREET ADDRESS	EAB, ONE EAB PLAZA	
CITY-ST-ZIP	MALVERNE NY	34 CITY-ST-ZIP	UNIONDALE, NY 11555	
TITLE	VPD	41 TITLE	VPD	☒ Change ☐ Addition
NAME	LOPES, CELESTE	42 NAME	LUBRANO, GREGORY	
STREET ADDRESS	25 HELEN AVE	43 STREET ADDRESS	75 STIRRUP LANE	
CITY-ST-ZIP	PLAINVIEW NY 11803	44 CITY-ST-ZIP	LEVITTOWN, NY 11756	
TITLE	VPD	51 TITLE	VPD	☒ Change ☐ Addition
NAME	VANDEWINCKEL, HEIDI	52 NAME	FANGMANN, STEVEN, PE	
STREET ADDRESS	9 CATHERINE ST.	53 STREET ADDRESS	20 CROSSWAYS PARK NORTH	
CITY-ST-ZIP	BAY SHORE NY	54 CITY-ST-ZIP	WOODBURY, NY 11797	
TITLE	DT	61 TITLE	DT	☒ Change ☐ Addition
NAME	STRATFORD,ROBERT T.	62 NAME	CANGRO, VINCENT	
STREET ADDRESS	EUROPEAN AMERICAN BANK	63 STREET ADDRESS	4 BLUE GRASS LANE	
CITY-ST-ZIP	HAUPPAUGE NY 11788	64 CITY-ST-ZIP	BLUE POINT, NY 11715	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Bernard Sarisohn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17, 1995
Date

516-265-2121
Daytime Phone #

Bernard Sarisohn, Esq.

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