

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90105 015 \*\*\*\*61.25

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**DOCUMENT # P39166**

1. Corporation Name

**GUIDE DOG FOUNDATION FOR THE BLIND, INC.**

Principal Place of Business  
**371 EAST JERICO TURNPIKE  
SMITHTOWN NY 11787**

Mailing Address  
**371 EAST JERICO TURNPIKE  
SMITHTOWN NY 11787**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/09/1992</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>11-1687477</b>	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

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
85	Zip Code

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	VANDEWINCKEL, HEIDI C	1.2 NAME	Celeste V. Lopes, Esq.
STREET ADDRESS	7 ARDENDLE RD	1.3 STREET ADDRESS	25 Helen Avenue
CITY-ST-ZIP	EAST NORTHPORT NY 1131	1.4 CITY-ST-ZIP	Plainview, NY 11803
TITLE	VPD	2.1 TITLE	
NAME	SHYBUNKO, STEPHEN W	2.2 NAME	
STREET ADDRESS	7 FLAX POND WOODS	2.3 STREET ADDRESS	
CITY-ST-ZIP	SETAUKET NY 11733	2.4 CITY-ST-ZIP	
TITLE	CD	3.1 TITLE	
NAME	STRATFORD, ROBERT T.	3.2 NAME	
STREET ADDRESS	EAB, ONE EAB PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	UNIONDALE NY	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	
NAME	FANGMANN, STEVEN P	4.2 NAME	
STREET ADDRESS	20 CROSSWAYS PARK NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	WOODBURY NY	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	BLOOMRADEN, CHARLES L MD	5.2 NAME	
STREET ADDRESS	18 CROSBY PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	COLD SPRINGS HARBOR NY 11724	5.4 CITY-ST-ZIP	
TITLE	VPD	6.1 TITLE	
NAME	SELMER, AL	6.2 NAME	
STREET ADDRESS	125 EAST JERICO TURNPIKE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTINGTON STATION NY 11746	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Robert T. Stratford* **REQUIRED**

February 10, 1999

516-265-2121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)