

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P39166

FILED
Apr 29, 2009
Secretary of State

Entity Name: GUIDE DOG FOUNDATION FOR THE BLIND, INC.

Current Principal Place of Business:

371 EAST JERICO TURNPIKE
SMITHTOWN, NY 11787

New Principal Place of Business:

Current Mailing Address:

371 EAST JERICO TURNPIKE
SMITHTOWN, NY 11787

New Mailing Address:

FEI Number: 11-1687477 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SMYTH, PATRICIA
215 CALHOUN AVENUE
DESTIN, FL 32541 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: VPD () Delete
Name: KRUMHOLZ, MARGARET
Address: 10 GILPIN AVENUE
City-St-Zip: HAUPPAUGE, NY 11788

Title: T () Delete
Name: BINGHAM, JAMES C
Address: 45 MELVILLE PARK RD.
City-St-Zip: MELVILLE, NY 11747

Title: SEC () Delete
Name: FIRESTONE, DEBORAH
Address: 42 MARK DRIVE
City-St-Zip: SMITHTOWN, NY 11787

Title: VCP () Delete
Name: VANDEWINCKEL, HEIDI
Address: 7 ARDENDALE ROAD
City-St-Zip: EAST NORTHPORT, NY 11743

Title: C () Delete
Name: STRATFORD, ROBERT T JR
Address: 401 BROAD HOLLOW ROAD, STE. 100
City-St-Zip: MELVILLE, NY 11747

Title: VCP () Delete
Name: ALEXANDER, SANFORD
Address: 5321 PLAZA LANE
City-St-Zip: WITCHITA, KS 67208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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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: ROBERT T. STRATFORD, JR.

C

04/29/2009

Electronic Signature of Signing Officer or Director

Date