

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011565

Entity Name: BLIND SERVICES FOUNDATION OF FLORIDA, INC.**Current Principal Place of Business:**325 W. GAINES STREET
ROOM 1114, TURLINGTON BUILDING
TALLAHASSEE, FL 32399**Current Mailing Address:**325 W. GAINES STREET
ROOM 1114, TURLINGTON BUILDING
TALLAHASSEE, FL 32399 US**FEI Number:** 55-0888147**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EDWARDS, PAUL
20330 N.E. 20TH COURT
MIAMI, FL 33179 US*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:** PAUL EDWARDS

01/25/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name EDWARDS, PAUL
Address 20330 N.E. COURT
City-State-Zip: MIAMI FL 33179

Title VC
Name SAYER, DWIGHT
Address 12516 HAMMOCK POINT CIRCLE
City-State-Zip: CLERMONT FL 34711

Title SEC
Name BROWN, SHERYL
Address 1106 W. PLATT STREET
City-State-Zip: TAMPA FL 33606

Title TREA
Name MILES, BRUCE
Address 590 HAMMOCK COURT
City-State-Zip: MARCO ISLAND FL 34145

Title DIRECTOR
Name MINICHIELLO, JOE
Address 3617 NIGHTSCAPE CIRCLE
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name KELLY, ROBERT
Address 405 DAYTONA BEACH
City-State-Zip: DAYTONA FL 32114

Title DIRECTOR
Name LIPOVSKY, PATRICIA
Address 1129 BRADENTON ROAD
City-State-Zip: DAYTONA FL 32114

I hereby 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 all other like empowered.

SIGNATURE: SHERYL K. BROWN**SECRETARY**

01/25/2018

Electronic Signature of Signing Officer/Director Detail

Date