2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2014
Secretary of State
CC4716236248

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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: Yes

Name and Address of Current Registered Agent:

EDWARDS, PAUL
20330 N.E. 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 01/13/2014

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	HULL, TED
Address	607 ALBANY AVE #2
City-State-Zip:	TAMPA FL 33606

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	GARCIA, JESUS
Address	5955 W. 16TH LAND
City-State-Zip:	HIALEAH FL 33012

Title	DIRECTOR
Name	SAYER, DWIGHT
Address	259 REGAL DOWNS LANE
City-State-Zip:	WINTER GARDEN FL 34787

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 01/13/2014

Electronic Signature of Signing Officer/Director Detail — Date