2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2025
Secretary of State
6362909056CC

DOCUMENT# N19000001481

Entity Name: AMERICAN COUNCIL OF THE BLIND INC

Current Principal Place of Business:

225 REINEKERS LN STE 660
ALEXANDRIA, VA 22314

Current Mailing Address:

6200 SHINGLE CREEK PWY
SUITE 155
BROOKLYN CENTER, MN 55430 US

FEI Number: 58-0914436

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SPOONE, THOMAS DAN
3924 LAKE MIRAGE BLVD
ORLANDO, FL 32817 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: THOMAS DAN SPOONE 02/21/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	FIRST VICE PRESIDENT
Name	TROTT, DAVID
Address	1018 EAST ST. S.
City-State-Zip:	TALLADEGA AL 35160

Title	SECRETARY
Name	COLLEY, DENISE
Address	26131 TRAVIS BROOK DR
City-State-Zip:	RICHMOND TX 77406

Title	DIRECTOR
Name	BROWN, DONNA
Address	55 E SIOUX LAND
City-State-Zip:	ROMNEY WV 26757

Title	DIRECTOR
Name	BELL, CHRISTOPHER
Address	8106 HIGHWOOD D APT Y238
City-State-Zip:	BLOOMINGTON MN 55438

Title	SECOND VICE PRESIDENT
Name	CAMPBELL, RAY
Address	216 PRESTWICK RD.
City-State-Zip:	SPRINGFIELD IL 62702

Title	IMMEDIATE PAST PRESIDENT
Name	CHARLSON, KIM
Address	57 GRANDVIEW AVE
City-State-Zip:	WATERTOWN MA 02472

Title	DIRECTOR
Name	THOM, JEFF
Address	7414 MOONCREST WAY
City-State-Zip:	SACRAMENTO CA 95831

Title	DIRECTOR
Name	SEMIEN, KENNETH
Address	8445 ALLISON WAY
City-State-Zip:	BEAUMONT TX 77707

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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: DEB COOK LEWIS PRESIDENT 02/21/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SIMS, KONI
Address	2000 S. GRANGE AVE.
City-State-Zip:	SIOUX FALLS SD 57105

Title	DIRECTOR
Name	PACHECO, TERRY
Address	2307 ARCOLA AVE
City-State-Zip:	SILVER SPRING MD 20902

Title	TREASURER
Name	GARRETT, MICHAEL
Address	7806 CHASEWAY DR
City-State-Zip:	MISSOURI CITY TX 77489

Title	DIRECTOR
Name	HEIDE, PETER
Address	525 4TH AVE.
City-State-Zip:	BARABOO WI 53913

Title	DIRECTOR
Name	LOPEZ-KAFATI, GABRIEL
Address	6371 PENT PL
City-State-Zip:	MIAMI LAKES FL 33014

Title	DIRECTOR
Name	SCHROEDER, RACHEL
Address	108 EXETER CT
City-State-Zip:	SPRINGFIELD IL 62704

Title	DIRECTOR
Name	NIPPER, CECILY LANEY
Address	41 BUTLER BRIDGE RD
City-State-Zip:	COVINGTON GA 30016

Title	PRESIDENT
Name	COOK , DEB LEWIS
Address	1131 LIBERTY DR.
City-State-Zip:	CLARKSTON WA 99403