

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000001481

**FILED**  
**Jan 05, 2023**  
**Secretary of State**  
**4417810943CC**

**Entity Name:** AMERICAN COUNCIL OF THE BLIND INC

**Current Principal Place of Business:**

1703 N BEAUREGARD ST  
SUITE 420  
ALEXANDRIA, VA 22311

**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 D  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SPOONE, THOMAS D  
Address        3924 LAKE MIRAGE BLVD  
City-State-Zip: ORLANDO FL 32817

Title            VP  
Name            CAMPBELL, RAY  
Address        460 RAINTREE CT, #3K  
City-State-Zip: GLEN ELLEN IL 60137

Title            TREASURER  
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            CHARLSON, KIM  
Address        57 GRANDVIEW AVE  
City-State-Zip: WATERTOWN MA 02472

Title            DIRECTOR  
Name            BISHOP, JEFF  
Address        13030 122ND LN NE, #K102  
City-State-Zip: KIRKLAND WA 98034

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

Title            DIRECTOR  
Name            POWELL, DOUG  
Address        2923 PINE SPRING RD  
City-State-Zip: FALLS CHURCH VA 22042

**Continues on page 2**

*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:** THOMAS D SPOONE

**PRESIDENT**

**01/05/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name BELL, CHRISTOPHER  
Address 1703 N BEAUREGARD ST  
SUITE 420  
City-State-Zip: ALEXANDRIA VA 22311

Title DIRECTOR  
Name SIMS, KONI  
Address 1703 N BEAUREGARD ST  
SUITE 420  
City-State-Zip: ALEXANDRIA VA 22311

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

Title FIRST VICE PRESIDENT  
Name COOK LEWIS, DEB  
Address 1703 N BEAUREGARD ST  
SUITE 420  
City-State-Zip: ALEXANDRIA VA 22311

Title DIRECTOR  
Name SIMIEN, KENNETH  
Address 1703 N BEAUREGARD ST  
SUITE 420  
City-State-Zip: ALEXANDRIA VA 22311

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