

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000001481

FILED
Jan 22, 2020
Secretary of State
3950284186CC

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:

6300 SHINGLE CREEK PWY
SUITE 195
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 1401 NORTHWEST LANE SE
City-State-Zip: LACEY WA 98503

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 CONRAD, SARA
Address 132 E WILSON ST, #903
City-State-Zip: MADISON WI 53703

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: DAN SPOONE

PRESIDENT

01/22/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DILLON, DAN
Address 313 OVERRIDGE COVE
City-State-Zip: HERMITAGE TN 37076

Title DIRECTOR
Name KRACHT, JAMES
Address 9901 SW 138TH ST
City-State-Zip: MIAMI FL 33176

Title DIRECTOR
Name SHEEHAN, PATRICK
Address 8310 COLESVILLE RD, #212
City-State-Zip: SILVER SPRING MD 20910

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

Title DIRECTOR
Name FREDERICK, KATIE
Address 160 W WILSON BRIDGE RD, #405
City-State-Zip: WORTHINGTON OH 43085

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

Title DIRECTOR
Name TALLEY, MICHAEL
Address 6701 WARRIOR RIVER RD
City-State-Zip: HUEYTOWN AL 35023