2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000001481

Entity Name: AMERICAN COUNCIL OF THE BLIND INC

FILED
Jan 06, 2021
Secretary of State
2217333455CC

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 | Title | VP |
|-------|-----------|-------|----|
| | | | |

Name SPOONE, THOMAS D Name CAMPBELL, RAY

Address 3924 LAKE MIRAGE BLVD Address 460 RAINTREE CT, #3K City-State-Zip: ORLANDO FL 32817 City-State-Zip: GLEN ELLEN IL 60137

Title TREASURER Title SECRETARY
Name TROTT, DAVID Name COLLEY, DENISE

Address 1018 EAST ST S Address 1401 NORTHWEST LANE SE

City-State-Zip: TALLADEGA AL 35160 City-State-Zip: LACEY WA 98503

Title DIRECTOR Title DIRECTOR

Name CHARLSON, KIM Name BISHOP, JEFF

Address 57 GRANDVIEW AVE Address 13030 122ND LN NE, #K102

City-State-Zip: WATERTOWN MA 02472 City-State-Zip: KIRKLAND WA 98034

Title DIRECTOR Title DIRECTOR

Name BROWN, DONNA Name CONRAD, SARA

Address 55 E SIOUX LAND Address 132 E WILSON ST, #903
City-State-Zip: ROMNEY WV 26757 City-State-Zip: MADISON WI 53703

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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: THOMAS D SPOONE PRESIDENT

Electronic Signature of Signing Officer/Director Detail

01/06/2021 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