2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2016
Secretary of State
CC1710327320

DOCUMENT# N20153

Entity Name: FLORIDA REGIONAL GROUP, INC., BLINDED VETERANS ASSOCIATION

Current Principal Place of Business:

3801 COCO GROVE AVENUE
C/O GEORGE E. STOCKING
MIAMI, FL 33133

Current Mailing Address:

3801 COCO GROVE AVENUE
C/O GEORGE E. STOCKING
MIAMI, FL 33133

FEI Number: 59-6166948

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

STOCKING, GEORGE E
3801 COCO GROVE AVENUE
MIAMI, FL 33133 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	PP
Name	KING, TERRY N
Address	24243 PIRATE HARBOR BLVD
City-State-Zip:	PUNTA GORDA FL 33955

Title	P
Name	TAYLOR, MICHAEL
Address	574 PINE FOREST DRIVE
City-State-Zip:	FLEMING ISLAND FL 32203

Title	D
Name	ROBINSON, MIMI
Address	4158 CHELMSFORD ROAD
City-State-Zip:	TALLAHASSEE FL 32309

Title	D
Name	EBBERS, JEFFREY
Address	1052 KERRWOOD CIRCLE
City-State-Zip:	OVIEDO FL 32765

Title	ST
Name	STOCKING, GEORGE E
Address	3801 COCO GROVE AVENUE
City-State-Zip:	MIAMI FL 33133

Title	V
Name	POLLARD, RUSSELL
Address	4901 N.W. 48 AV
City-State-Zip:	TAMARAC FL 33319

Title	D
Name	MALINOWSKI, DAVID
Address	1158 WHIDDEN AVE
City-State-Zip:	CEDAR KEY FL 32625

Title	DD
Name	MCCOY, JAMES
Address	12010 N.W. 31ST STREET
City-State-Zip:	SUNRISE FL 33323

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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: GEORGE E STOCKING SECRETARY/TREASURER 02/01/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	D
Name	DUDA, JAMES
Address	5380 19 PLACE SW
City-State-Zip:	NAPLES FL 34116