

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29664

Entity Name: CONKLIN DAVIS CENTER FOR THE VISUALLY IMPAIRED, INC.

Current Principal Place of Business:

405 WHITE STREET
DAYTONA BEACH, FL 32114

Current Mailing Address:

405 WHITE STREET
DAYTONA BEACH, FL 32114 US

FEI Number: 59-2938258

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SILVERMAN, RONEE CEO
149 DEERLAKE CIRCLE
ORMOND BEACH, FL 32174 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: RONEE SILVERMAN

04/06/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name WATSON, WILLIAM L
Address 345 CLYDE MORRIS BLVD., SUITE 330
City-State-Zip: ORMOND BEACH FL 32174

Title CEO
Name SILVERMAN, RONEE DALE
Address 149 DEERLAKE CIRCLE
City-State-Zip: ORMOND BEACH FL 32174

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: SILVERMAN, RONEE DALE

CEO

04/06/2021

Electronic Signature of Signing Officer/Director Detail

Date