### 2024 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N29664

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

FILED
Oct 29, 2024
Secretary of State
9381782629CR

## **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:

DAVID, 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 DAVID 10/29/2024

Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

Title CHAIRMAN Title CEO

NameEPPS, NANCYNameDAVID, RONEE DALEAddress127 OLD CARRIAGE ROADAddress149 DEERLAKE CIRCLECity-State-Zip:PONCE INLET FL 32127City-State-Zip: ORMOND BEACH FL 32174

Title ASSISTANT DIRECTOR

Name DIXON , CHRISTOPHER

Address 541 LAKE BRIDGE DRIVE

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: RONEE DAVID CEO 10/29/2024