

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 853259

Entity Name: THE FOUNDATION FIGHTING BLINDNESS, INC.**Current Principal Place of Business:**7168 COLUMBIA GATEWAY DRIVE
SUITE 100
COLUMBIA, MD 21046**Current Mailing Address:**7168 COLUMBIA GATEWAY DRIVE
SUITE 100
COLUMBIA, MD 21046 US**FEI Number: 23-7135845****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHATLOS, WILLIAM J
710 MIAMI SPRINGS DRIVE
LONGWOOD, FL 32779 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	CD
Name	GUND, GORDON
Address	7168 COLUMBIA GATEWAY DRIVE, SUITE 100
City-State-Zip:	COLUMBIA MD 21046

Title	VCD
Name	SHAW, JEREMIAH H
Address	7168 COLUMBIA GATEWAY DRIVE, SUITE 100
City-State-Zip:	COLUMBIA MD 21046

Title	ATD
Name	GOLLOB, EDWARD H
Address	7168 COLUMBIA GATEWAY DRIVE, SUITE 100
City-State-Zip:	COLUMBIA MD 21046

Title	SD
Name	CHESTER, YVONNE
Address	7168 COLUMBIA GATEWAY DRIVE, SUITE 100
City-State-Zip:	COLUMBIA MD 21046

Title	TD
Name	LEA, HAYNES P
Address	7168 COLUMBIA GATEWAY DRIVE, SUITE 100
City-State-Zip:	COLUMBIA MD 21046

Title	SVPD
Name	JOEL, DAVIS P
Address	7168 COLUMBIA GATEWAY DRIVE, SUITE 100
City-State-Zip:	COLUMBIA MD 21046

Title	CFO
Name	HINKLE, ANNETTE
Address	7168 COLUMBIA GATEWAY DRIVE SUITE 100
City-State-Zip:	COLUMBIA MD 21046

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: ANNETTE HINKLE**CFO****03/18/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date