

2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000007196

Entity Name: AMERICAN PRINTING HOUSE FOR THE BLIND, INC.**Current Principal Place of Business:**1839 FRANKFORT AVENUE
LOUISVILLE, KY 40206**Current Mailing Address:**P.O. BOX 6085
LOUISVILLE, KY 40206**FEI Number: 61-0444640****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CROZIER, CHARLES E
12 COCONUT CT.
PALM COAST, FL 32137 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	DIRECTOR
Name	BARR, DR. CHARLES
Address	301 E. MUHAMMED ALI BLVD
City-State-Zip:	LOUISVILLE KY 40202

Title	CHAIRMAN
Name	LITNER, W. JAMES
Address	2904 EASTPOINT PKWY
City-State-Zip:	LOUISVILLE KY 40232

Title	PRESIDENT
Name	MEADOR, CRAIG
Address	1839 FRANKFORT AVENUE
City-State-Zip:	LOUISVILLE KY 40206

Title	VP
Name	BELKNAP , BOBBY J II
Address	P.O. BOX 6085
City-State-Zip:	LOUISVILLE KY 40206

Title	CFO, VP
Name	BEAVIN, WILLIAM G
Address	1839 FRANKFORT AVENUE
City-State-Zip:	LOUISVILLE KY 40206

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: WILLIAM G BEAVIN**V.P. FINANCE/CFO****04/15/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date