#### 2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000007196

Entity Name: AMERICAN PRINTING HOUSE FOR THE BLIND, INC.

FILED
Apr 13, 2015
Secretary of State
CC0321669165

## **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 Title

Name BARR, DR. CHARLES Name LITNER, W. JAMES

Address 301 E. MUHAMMED ALI BLVD Address 2904 EASTPOINT PKWY

City-State-Zip: LOUISVILLE KY 40202 City-State-Zip: LOUISVILLE KY 40202

Title P Title V

Name TINSLEY, TUCK III Name BELKNAP , BOBBY J II

Address 1839 FRANKFORT AVENUE Address P.O. BOX 6085

City-State-Zip: LOUISVILLE KY 40206 City-State-Zip: LOUISVILLE KY 40206

Title ST

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

**CHAIRMAN** 

04/13/2015