

2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P34755

Entity Name: AMERICAN FOUNDATION FOR THE BLIND, INC.**Current Principal Place of Business:**2 PENN PLAZA
SUITE 1102
NEW YORK, NY 10121**Current Mailing Address:**1000 FIFTH AVENUE
SUITE 350
HUNTINGTON, WV 25701**FEI Number:** 13-5562161**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	VC
Name	MICHAEL, GILLIAM
Address	C/O AFB 2 PENN PLAZA, SUITE 1102
City-State-Zip:	NEW YORK, NY 10121

Title	S
Name	POMMELLS, ELAINE
Address	C/O AFB 2 PENN PLAZA, SUITE 1102
City-State-Zip:	NEW YORK NY 10121

Title	C
Name	CONCETTA, CONKLING F
Address	C/O AFB 2 PENN PLAZA, SUITE 1102
City-State-Zip:	NEW YORK NY 10121

Title	P
Name	AUGUSTO, CARL R
Address	2 PENN PLAZA, SUITE 1102
City-State-Zip:	NEW YORK NY 10121

Title	T
Name	TONKS, PETER
Address	C/O AFB 2 PENN PLAZA, SUITE 1102
City-State-Zip:	NEW YORK NY 10121

Title	AT
Name	BOZEMAN, RICK
Address	2 PENN PLAZA, SUITE 1102
City-State-Zip:	NEW YORK NY 10121

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: RICK BOZEMAN

CFO

04/05/2013

Electronic Signature of Signing Officer/Director Detail_____
Date