


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90096 011 ****61.25

DOCUMENT # N95000000378
1. Entity Name
HERITAGE FOR THE BLIND, INC.



Principal Place of Business
2882 NOSTRAND AVE
BROOKLYN, NY 11229 US

Mailing Address
2882 NOSTRAND AVE
BROOKLYN, NY 11229 US

50057240



07012005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

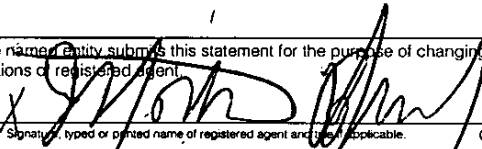
4. FEI Number 58-2164446	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZEMEL, MORTON B
4700 B SHERIDAN ST
HOLLYWOOD, FL 33021

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: _____
(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by September 7, 2005**

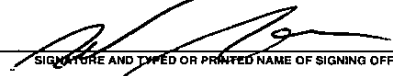
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DRESSER, ABRAM 1675 EAST 21ST #2-A BROOKLYN, NY 11210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRANKER, BERNARD 1542 41ST STREET BROOKLYN, NY 11218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOSES, RIVOLI 1668 W 6TH STREET BROOKLYN, NY 11223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TOIV, STEVEN 3422 AVE L BROOKLYN, NY 11223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **7/5/05** **718-253-5015 x5020**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #