

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

05 SEP 13 AM 11:17

SECRETARY STATE
TALLAHASSEE, FLORIDA



| | | | | | |
|---|--|--|---|--|-----------------|
| 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 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 58-2164446 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| ZEMEL, MORTON B Esq., Zemel Law Firm, P.A. 4700 B SHERIDAN ST 7361 A W. Palmetto Park Pk. Suite 305C HOLLYWOOD, FL 33021 Boca Raton, FL 33433 | | | Name Street Address (P.O. Box Number is Not Acceptable) City State: FL Zip Code | | |
| 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: 9/6/05 | | |
| Filing Fee is \$61.25 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | DRESSER, ABRAM | NAME | Desser, Abraham | | |
| STREET ADDRESS | 1675 EAST 21ST #2-A | STREET ADDRESS | 1675 East 21st St., #2-A | | |
| CITY-ST-ZIP | BROOKLYN, NY 11210 | CITY-ST-ZIP | Brooklyn, NY 11210 | | |
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | FRANKER, BERNARD | NAME | Israel Bilus | | |
| STREET ADDRESS | 1542 41ST STREET | STREET ADDRESS | 920 East 17th St. | | |
| CITY-ST-ZIP | BROOKLYN, NY 11218 | CITY-ST-ZIP | Brooklyn, NY 11230 | | |
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | MOSES, RIVOLI | NAME | Vladimir Shvartsman | | |
| STREET ADDRESS | 1668 W 6TH STREET | STREET ADDRESS | 2020 Ave. O, Apt. F4 | | |
| CITY-ST-ZIP | BROOKLYN, NY 11223 | CITY-ST-ZIP | Brooklyn, NY 11210 | | |
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | TOIV, STEVEN | NAME | | | |
| STREET ADDRESS | 3422 AVE L | STREET ADDRESS | | | |
| CITY-ST-ZIP | BROOKLYN, NY 11223 | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: | | | Date: 1800-236-6283 | | Daytime Phone # |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |