

FILE NOW: FILING FEE IS \$61.25

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**Mar 25 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727856 (7)

1. Corporation Name
FLORIDA LIONS CONKLIN CENTER FOR THE MULTIHANDICAPPED BLIND, INC.

Principal Place of Business 405 WHITE STREET DAYTONA BEACH FL 32114-2925	Mailing Address 405 WHITE STREET DAYTONA BEACH FL 32114-2925
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21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 10/25/1973	3a. Date of Last Report 03/11/1996
4. FEI Number 23-7377066	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MC COY, EDWARD F
405 WHITE STREET
DAYTONA BEACH FL 32114**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BATTISTE, GUY	
STREET ADDRESS	1118 BRANDT DR	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SWARTZ, WILLIAM	
STREET ADDRESS	2020 TAYLOR AVE	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HOVEL, MARVIN	
STREET ADDRESS	3301 A DUCK AVE	
CITY - ST - ZIP	KEY WEST FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WELLS, HERBERT	
STREET ADDRESS	65 S DESOTO ST	
CITY - ST - ZIP	BEVERLY HILLS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEE, ROBERT E	
STREET ADDRESS	WEIBERG, RD	
CITY - ST - ZIP	DUNDEE F	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SWARTZ, WILLIAM	
1.3 STREET ADDRESS	2020 TAYLOR AVENUE	
1.4 CITY - ST - ZIP	WINTER PARK, FL 32792	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HOVEL, MARVIN E.	
2.3 STREET ADDRESS	3301 A DUCK AVENUE	
2.4 CITY - ST - ZIP	KEY WEST, FL 33040	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LINDA GRAHAM	
3.3 STREET ADDRESS	5400 NW 199TH TERRACE	
3.4 CITY - ST - ZIP	MIAMI, FL 33055	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	A.J. KAHN	
4.3 STREET ADDRESS	1655 DINNER LAKE DRIVE	
4.4 CITY - ST - ZIP	SEBRING, FL 33871	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edward F. McCoy* **3-19-97** **904 258-3441**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone #00019965 _____

CR2E037 (9/96)