

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 25 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 727856 (7)**  
 1. Corporation Name  
**FLORIDA LIONS CONKLIN CENTER FOR THE MULTIHANDIC APPEED BLIND, INC.**



Principal Place of Business <b>405 WHITE STREET DAYTONA BEACH FL 32114-2925</b>	Mailing Address <b>405 WHITE STREET DAYTONA BEACH FL 32114-2925</b>
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3. Date Incorporated or Qualified  
**10/25/1973**

4. FEI Number  
**23-7377066**

Applied For  
 Yes  Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  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 **FL** 85 Zip Code

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 reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD SWARTZ, WILLIAM</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>2020 TAYLOR AVE.</b>	
STREET ADDRESS	<b>WINTER PARK FL</b>	
CITY-ST-ZIP		
TITLE	<b>VD HOVEL, MARVIN E.</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>3301 A DUCK AVE.</b>	
STREET ADDRESS	<b>KEY WEST FL</b>	
CITY-ST-ZIP		
TITLE	<b>VD GRAHAM, LINDA</b>	<input type="checkbox"/> DELETE
NAME	<b>5400 N.W. 199TH TERR.</b>	
STREET ADDRESS	<b>MIAMI FL</b>	
CITY-ST-ZIP		
TITLE	<b>SD KAHN, A.J.</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>1655 DINNER LAKE DRIVE</b>	
STREET ADDRESS	<b>SEBRING FL</b>	
CITY-ST-ZIP		
TITLE	<b>TD LEE, ROBERT E</b>	<input type="checkbox"/> DELETE
NAME	<b>WEIBERG, RD</b>	
STREET ADDRESS	<b>DUNDEE F</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD HOVEL, MARVIN</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>1000 Kings Highway #335</b>	
1.3 STREET ADDRESS	<b>Port Charlotte, FL 33980</b>	
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>VD WELLS, HERBERT L.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>55 South Desota St.</b>	
2.3 STREET ADDRESS	<b>Beverly Hills, FL</b>	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>SD DOTT, WAYNE R.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>961 Swan Avenue</b>	
4.3 STREET ADDRESS	<b>Miami Springs, FL</b>	
4.4 CITY-ST-ZIP		
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 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, upon an attachment with an address.

SIGNATURE: *Edward F. McCoy*

3/20/98 (904) 258-3441

CR2E037 (10/97)