

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90105 020 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 727856**

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/25/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7377066
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Country 30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MC COY, EDWARD F 405 WHITE STREET DAYTONA BEACH FL 32114				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				<b>FL</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD HOVEL, MARVIN	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOVEL, MARVIN		1.2 NAME	LEE, ROBERT E.	
STREET ADDRESS	1000 KINGS HIGHWAY #335		1.3 STREET ADDRESS	WEIBERG ROAD	
CITY-ST-ZIP	PT CHARLOTTE FL 33980		1.4 CITY-ST-ZIP	DUNDEE, FL 33838	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD 1st	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, HERBERT L		2.2 NAME	GRAHAM, LINDA	
STREET ADDRESS	55 SOUTH DESOTA ST		2.3 STREET ADDRESS	5400 N.W. 199th TERRACE	
CITY-ST-ZIP	BEVERLY HILLS FL		2.4 CITY-ST-ZIP	MIAMI, FL 33055	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD- 2nd.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, LINDA		3.2 NAME	WELLS, HERBERT L.	
STREET ADDRESS	5400 N.W. 199TH TERR.		3.3 STREET ADDRESS	65 S. DESOTO STREET	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	BEVERLY HILLS, FL 34464	
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOTT, WAYNE R		4.2 NAME		
STREET ADDRESS	961 SWAN AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SPGS FL		4.4 CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, ROBERT E		5.2 NAME	VILAOMAT, J. FELIPE	
STREET ADDRESS	WEIBERG, RD		5.3 STREET ADDRESS	10121 SW 118 TERRACE	
CITY-ST-ZIP	DUNDEE F		5.4 CITY-ST-ZIP	MIAMI, FL 33176	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *ROBERT E. LEE* PRESIDENT 2/1/99 (941) 439-4750  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)