

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 05, 2004
Secretary of State**

DOCUMENT# 727856

Entity Name: FLORIDA LIONS CONKLIN CENTERS FOR THE BLIND, INC.

Current Principal Place of Business:

405 WHITE STREET
DAYTONA BEACH, FL 321142925

New Principal Place of Business:

Current Mailing Address:

405 WHITE STREET
DAYTONA BEACH, FL 321142925

New Mailing Address:

FEI Number: 23-7377066 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, ROBERT T
405 WHITE STREET
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SPENCER, NEIL R
Address: 702 JAVA RD
City-St-Zip: COCOA BEACH, FL 32932

Title: 3VD () Delete
Name: COHN, DON
Address: 9455 COLLINS AVE. PH2
City-St-Zip: SURFSIDE, FL 33154

Title: PD () Delete
Name: DOTT, WAYNE R
Address: 961 SWAN AVE
City-St-Zip: MIAMI SPGS, FL

Title: TD () Delete
Name: BOWERS, ELIZABETH
Address: 4111 S ATLANTIC AVE
City-St-Zip: PONCE INLET, FL 32127

Title: 2VD () Delete
Name: WAGNER, HARRY
Address: 13659 DUNN CREEK RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: 1VD () Delete
Name: VILAOMAT, FELIPE J
Address: P.O.BOX 161206
City-St-Zip: MIAMI, FL 33116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SPENCER, NEIL R
Address: 702 JAVA RD
City-St-Zip: COCOA BEACH, FL 32932

Title: 2VD (X) Change () Addition
Name: COHN, DON
Address: 9455 COLLINS AVE. PH2
City-St-Zip: SURFSIDE, FL 33154

Title: 3VD (X) Change () Addition
Name: CARL, FRANKLIN
Address: 19224 WEST LAKE DRIVE
City-St-Zip: MIAMI, FL 33015

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: 1VD (X) Change () Addition
Name: WAGNER, HARRY
Address: 13659 DUNN CREEK RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: D (X) Change () Addition
Name: VILAOMAT, FELIPE J
Address: P.O.BOX 161206
City-St-Zip: MIAMI, FL 33116

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FELIPE VILAOMAT

D

01/05/2004

Electronic Signature of Signing Officer or Director

Date