

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727856

FILED
Jan 06, 2009
Secretary of State

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 (X)

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: 3VD () Delete
Name: PAINTER, DOLORES
Address: P.O.BOX 92577
City-St-Zip: LAKELAND, FL 33804

Title: 1VD () Delete
Name: FARRIS, DOLORES
Address: 11856 SE 176TH PLACE ROAD
City-St-Zip: SUMMERFIELD, FL 34491

Title: PD () Delete
Name: CARL, FRANKLIN
Address: 19224 WEST LAKE DRIVE
City-St-Zip: MIAMI, FL 33015

Title: TD () Delete
Name: RON, MELVIN
Address: 40 WYNNFIELD DRIVE
City-St-Zip: PALM COAST, FL 332164

Title: 2VD () Delete
Name: RESPESS, ROBERT D
Address: P.O.BOX 1439
City-St-Zip: NEWBERRY, FL 32669

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: 2VD (X) Change () Addition
Name: SENGHAAS, SHANE
Address: 7420 PENZANCE BLVD.
City-St-Zip: FORT MEYERS, FL 33912

Title: D (X) Change () Addition
Name: FARRIS, DOLORES
Address: 11856 SE 176TH PLACE ROAD
City-St-Zip: SUMMERFIELD, FL 34491

Title: PD (X) Change () Addition
Name: SPENCER, DONNA
Address: 827 NASSAU ROAD
City-St-Zip: COCOA BEACH, FL 32931

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

Title: 1VD (X) Change () Addition
Name: RESPESS, ROBERT D
Address: P.O.BOX 1439
City-St-Zip: NEWBERRY, FL 32669

Title: 3VP (X) Change () Addition
Name: CALLAHAN, NORMA
Address: 128 W. HOWRY AVE.
City-St-Zip: DELAND, FL 32720

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DELORES FARRIS

Electronic Signature of Signing Officer or Director

D

01/06/2009

Date