

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727856

FILED  
Jan 27, 2011  
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: 2VD  
Name: HIGHTOWER, ROBERT  
Address: 13060 E. HWY 25  
City-St-Zip: OCKLAWA, FL 33979

Title: S  
Name: PEZZO, MARY T  
Address: P.O.BOX 397  
City-St-Zip: TANGERINE, FL 32777

Title: 3PD  
Name: VANSELOW, ERNA  
Address: 5942 17TH STREET  
City-St-Zip: ZEPHYRHILLS, FL 33542

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

Title: PD  
Name: RESPESS, ROBERT D  
Address: P.O.BOX 1439  
City-St-Zip: NEWBERRY, FL 32669

Title: 1VP  
Name: FRANKLIN, CARL  
Address: 19224 WEST LAKE DRIVE  
City-St-Zip: MIAMI, FL 33015

I hereby 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 all other like empowered.

SIGNATURE: ROBERT D. RESPESS

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01/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date