FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27 1997 8:00am

JANUARY 17/97 (305) 858-35/7

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

730404

(1)

LIONS HOME FOR THE BLIND, INC.

Principal Plac	e of Business	Mailing Address			t tonek angod amia guas saéta ngan gaga gaga gana gana gana baga daga gana	
970 SOUTHWEST FIRST STREET		970 SOUTHWEST FIRST STREET				
SUITE 403		SUITE 403				
MIAMI FL 33130-8112		MIAMI FL 33130-1100		3. Date Incorporated or Qualified	3a. Date of Last Report	
					07/26/1974	01/25/1996
2. Principal Place of Business 2a. Maili		2a. Mailing Address	iling Address		4. FEI Number	Applied For
26		26			23-7432178	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			¢0 75	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23					Trust Fund Contribution	Added to Fees
_ Ziρ ─	Country Zip		Country	1	8. This corporation has liability for in	
24	25 29			6 Florida Statutes Yes K No		
	9. Name and Address of Current	Hegistered Agent	B1	T NI	10. Name and Address of New Reg	istered Agent
			ы	Name		
HOFFMAN, ROBERT M				82 Street Address (P.O. Box Number is Not Acceptable)		
5975 SUNSET DR., PH 802				ļ		
S. MIAMI FL 33143			83			
			84	City		85 Zip Code
				<u></u>		FLIT
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	' and 617.1508, Florida Statute of Florida. Such change was a	es, the abov authorized b	e-named v the con	corporation submits this statement for the proporation's board of directors. I hereby accep	rpose of changing its registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 617.0503, Flo	orida Statute	S.		the appointment to registered
SIGNATURE						
12.	Signature, typed or printed name of registered agen OFFICERS AND		Registered Age	ent signature	required when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE
TITLE	D	DELETE	1.1 TITLE			Change Addition
NAME	FARKAS, YAZMIN	ZZ DELETE	1.2 NAME		PD	
STREET ADDRESS	8241 SW 32ND TERRACE		1.3 STREET	ADDDCCC	Bertha Garcia Escri	
CITY-ST-ZIP	MIAMI FL		1.4 CITY+5		5033 N.W. 7th St #6	08
TITLE	VD	DELETE	21 TITLE	SI ~ LIP		Change Addition
NAME	ESCRICH, BERTHA GARCIA	X	22 NAME		Cecilio Lim	X stands - Standard
STREET ADDRESS	5033 NW 7TH ST., #608		2.3 STREET	ADDRESS	1671 S.W. 15th St	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-		Miami, Fl. 33145	
TITLE	TD	DELETE	3.1 TITLE	01 - EII		Change Addition
NAME	FERNANDEZ, RIGOBERTO	A.	3.2 NAME		SD Farkag	X
STREET ADDRESS	10971 SW 57TH ST		3.3 STREET	ADDRESS	Yazmin Farkas 8241 S.W. 32nd Terr	
CITY-ST-ZIP	MIAMI FL		3.4. CITY -		Miami, F1. 33155	
TITLE	PD	DELETE	4.1 TITLE		· ·	Change Addition
NAME	LIM, CECILIO	Λ	4. 2 NAME		TD Rigoberto Fernandez	~ · = ······
STREET ADDRESS	1671 S W 15TH ST		4.3 STREET	ADDRESS	10971 S.W. 57th St	
CITY-ST-ZIP	MIAMI FL		4.4 CITY - 9		Miami, F1. 33173	
TITLE	D	DELETE	5.1 TITLE		VPD	Change Addition
NAME	CAMPBELL, ALAN		5.2 NAME		Oscar Serna	^
STREET ADDRESS	14833 N. SPUR DRIVE		5.3 STREET	ADDRESS	13160 S.W. 20th St	
CITY-ST-ZIP	NORTH MIAMI FL		5.4 CITY - S	ST-ZIP	Miami, F1. 33175	
TITLE	\$D	K DELETE	6.1 TITLE		D	Change Addition
NAME	SERNA, OSCAR		6.2 NAME		Elena Bedoya	• •
STREET ADDRESS	13160 SW 20TH ST		6.3 STREET	ADDRESS	3015 N.W 83rd Terr	•
CITY-ST-ZIP	MIAMI FL		6.4 CITY - 9	T-ZIP	Mismi T1 22147	
informatio	n indicated on this annual report or su	upplemental annual report is tr	ue and accu	ırate and	tated in Section 119.07(3)(i), Florida Statutes I that my signature shall have the same legal	effect as if made under oath: that
i am an o	ficer of director of the corporation or t	the receiver or trustee empowe	ered to exec	ute this r	report as required by Chapter 617, Florida St	atutes; and that my name
appears r	n Block 12 or Block 13 if changed, or	on an attercryment with an add	IT&\$8.			