

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 06, 2006 8:00 am**  
**Secretary of State**

09-06-2006 90042 019 \*\*\*\*61.25

**DOCUMENT # 730404**

1. Entity Name  
LIONS HOME FOR THE BLIND, INC.



Principal Place of Business  
970 SW 1ST STREET  
4TH FLOOR  
MIAMI, FL 33130

Mailing Address  
~~970 SW 1ST STREET~~  
~~4TH FLOOR~~  
~~MIAMI, FL 33130~~

Box 640650  
Miami, FL  
33164

40103354



07072006 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
23-7432178

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HOFFMAN, ROBERT M  
9155 SOUTH DADELAND BLVD.  
1012  
S. MIAMI, FL 33156

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MURPHY, ANA
STREET ADDRESS	15407 S.W. 57TH STREET
CITY-ST-ZIP	MIAMI, FL 33193
TITLE	VP
NAME	SPIROPOLOUS, MARIBEL
STREET ADDRESS	11440 S.W. 57TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	SECY
NAME	RIEDINGER, ELAINE
STREET ADDRESS	991 HUNTING LODGE DRIVE
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	TREA
NAME	CAMPBELL, ALAN
STREET ADDRESS	14833 N SPUR DRIVE
CITY-ST-ZIP	MIAMI, FL 33161
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/25/06 (305) 621-0090

and Supervising Director