

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730404

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: LIONS FOR THE BLIND, INC.

**Current Principal Place of Business:**

601 SW 8TH AVE  
MIAMI, FL 33130

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 640650  
MIAMI, FL 33164

**New Mailing Address:**

FEI Number: 23-7432178

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOFFMAN, ROBERT M  
9155 SOUTH DADELAND BLVD.  
1012  
S. MIAMI, FL 33156 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: P ( ) Delete  
Name: BARRERA, BETTY  
Address: 1833 NW 168 AVE.  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VP ( ) Delete  
Name: ECHEVARRIA, MARIO  
Address: 399 GOLDEN BEACH DR.  
City-St-Zip: GOLDEN BEACH, FL 33160

Title: S ( ) Delete  
Name: CASTILLO, DIANA  
Address: P.O. BOX 431579  
City-St-Zip: MIAMI, FL 33243

Title: TREA ( ) Delete  
Name: CAMPBELL, ALAN  
Address: 14833 N SPUR DRIVE  
City-St-Zip: MIAMI, FL 33161

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: ALAN CAMPBELL

TREA

04/13/2009

Electronic Signature of Signing Officer or Director

Date