

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730404

**FILED**  
**Apr 16, 2010**  
**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:**

3958 NW 167 ST  
MIAMI, FL 33054

**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  
Name: POZO, ARACELY  
Address: 8335 SW 152 AVE B109  
City-St-Zip: MIAMI, FL 33193

Title: VP  
Name: FERRER, HECTOR  
Address: 1756 NW 16TH ST  
City-St-Zip: MIAMI, FL 33125

Title: S/TR  
Name: CAMPBELL, ALAN  
Address: 14833 N SPUR DR  
City-St-Zip: MIAMI, FL 33161

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: ALAN CAMPBELL

SECY

04/16/2010

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

\_\_\_\_\_  
Date