

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:47

DOCUMENT # 730668 (1)

1. Corporation Name
FORT LAUDERDALE LIGHTHOUSE FOR THE BLIND, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
650 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33311		707 W OAKLAND PK BLVD OAKLAND PARK FL 33111 ← same	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	09/12/1974	02/28/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-1650904	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input checked="" type="checkbox"/>	
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	27	<input type="checkbox"/>
		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
		28	<input checked="" type="checkbox"/>
		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
		29	
		30	

9. Name and Address of Current Registered Agent

LEWIS, SUSAN
9649 RIVERSIDE DR
G6
CORAL SPRINGS FL 33311

Chg. address

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
650 N. Andrews Ave

83

84 City
FT. LAUDERDALE

85 Zip Code
FL 33311

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSBURN, RICHARD P	1.2 NAME	
STREET ADDRESS	5851 HOLMBERG RD #4326	1.3 STREET ADDRESS	
CITY - ST - ZIP	PARKLAND FL	1.4 CITY - ST - ZIP	
TITLE	M	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERSEN, VICTORIA	2.2 NAME	
STREET ADDRESS	2800 W OAKLAND PK BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	OAKLAND PARK FL	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOTHE, WILLIAM	3.2 NAME	
STREET ADDRESS	100 N.E. 3RD AVE STE 600	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE, FL 00000	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOBDELL, BEVERLY	4.2 NAME	
STREET ADDRESS	245 SW 33 ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	4.4 CITY - ST - ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, MICHAEL	5.2 NAME	
STREET ADDRESS	1100 S ST RD 7, S203	5.3 STREET ADDRESS	
CITY - ST - ZIP	MARGATE FL	5.4 CITY - ST - ZIP	
TITLE	SD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATELL, ALAN P	6.2 NAME	
STREET ADDRESS	3301 COLLEGE AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Victoria Hersen 2/16/95 (305) 463-4217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR