

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09394

FILED
Jan 16, 2009
Secretary of State

Entity Name: WINTER HAVEN LIONS EYESIGHT CONSERVATION FOUNDATION, INC.

Current Principal Place of Business:

820 AVENUE L, S.W.
WINTER HAVEN, FL 33880 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 9015
WINTER HAVEN, FL 338839015

New Mailing Address:

FEI Number: 59-2596897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROLF, LELAND JR
1034 BILTMORE DRIVE
WINTER HAVEN, FL 33881 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: TD () Delete
Name: ROLF, LELAND S
Address: 1034 BILTMORE DRIVE
City-St-Zip: WINTER HAVEN, FL 33881

Title: PD () Delete
Name: LEWIS, SHARON
Address: 152 MILLER DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: GUENTHER, ROBERT C D
Address: 4418 MAHOGANY RUN SE
City-St-Zip: WINTER HAVEN, FL 33884

Title: SD () Delete
Name: BISHOP, CHARLES
Address: 1502 BUCKEYE RD. N.E. #2
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: GREENFIELD, JIM
Address: 350 17TH STREET NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: GIOVANETTI, JOSEPH
Address: 491 VILLAGE CIRCLE SW
City-St-Zip: WINTER HAVEN, FL 33880

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
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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: LELAND S. ROLF, JR.

TD

01/16/2009

Electronic Signature of Signing Officer or Director

Date