

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727856

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC7377602720**

**Entity Name:** FLORIDA LIONS CONKLIN CENTERS FOR THE BLIND, INC.

**Current Principal Place of Business:**

405 WHITE STREET  
DAYTONA BEACH, FL 32114-2925

**Current Mailing Address:**

405 WHITE STREET  
DAYTONA BEACH, FL 32114-2925

**FEI Number: 23-7377066**

**Certificate of Status Desired: Yes**

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

KELLY, ROBERT T  
405 WHITE STREET  
DAYTONA BEACH, FL 32114 US

*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: ROBERT T. KELLY**

**01/12/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PAST PRESIDENT  
Name HIGHTOWER, ROBERT  
Address 13060 E. HWY 25  
City-State-Zip: OCKLAWA FL 33979

Title PRESIDENT  
Name PEZZO, MARY T  
Address P.O.BOX 397  
City-State-Zip: TANGERINE FL 32777

Title EXECUTIVE DIRECTOR  
Name KELLY, ROBERT T  
Address 405 WHITE STREET  
City-State-Zip: DAYTONA BEACH FL 32114

Title VP  
Name NORTON, DONNA  
Address 4780 N. WILLIAMS AVENUE  
City-State-Zip: CRYSTAL RIVER FL 34428

Title SECRETARY  
Name VEVERA, PATRICIA  
Address 9 KINGSLEY SQUARE  
City-State-Zip: ORMOND BEACH FL 32174

Title TREASURER  
Name LEE, ROBERT E  
Address 785 SLOAN RIDGE RD  
City-State-Zip: GROVELAND FL 34736

*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: ROBERT T. KELLY**

**EXECUTIVE DIRECTOR**

**01/12/2015**

Electronic Signature of Signing Officer/Director Detail

Date