2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727856

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

FILED
Jan 25, 2016
Secretary of State
CC0310542527

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 01/25/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

| Title | PAST PRESIDENT | Title | PRESIDENT |
|---------|-------------------|---------|---------------|
| Name | HIGHTOWER, ROBERT | Name | PEZZO, MARY T |
| Address | 13060 E. HWY 25 | Address | P.O.BOX 397 |

City-State-Zip: OCKLAWA FL 33979 City-State-Zip: TANGERINE FL 32777

Title EXECUTIVE DIRECTOR Title VP

Name KELLY, ROBERT T Name NORTON, DONNA

Address 405 WHITE STREET Address 4780 N. WILLIAMS AVENUE
City-State-Zip: DAYTONA BEACH FL 32114 City-State-Zip: CRYSTAL RIVER FL 34428

TitleSECRETARYTitleTREASURERNameVEVERA, PATRICIANameLEE, ROBERT E

Address 9 KINGSLEY SQUARE Address 785 SLOAN RIDGE RD
City-State-Zip: ORMOND BEACH FL 32174 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

01/25/2016