SIGNATURE	: ALAN A CAMPBELL			03/30/2017
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRES	Title	VP	
Name	MURPHY, MARTIN	Name	FERRER, HECTOR	
	7133 SW 115 PL APT C MIAMI FL 33173	Address	1756 NW 16TH ST	
		City-State-Zip:	MIAMI FL 33125	
ony onate zip.				
Title	S/TR			
Name	CAMPBELL, ALAN			

**Current Mailing Address:** 

14833 N SPUR DR MIAMI. FL 33161 US

#### FEI Number: 23-7432178

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

14833 N SPUR DR

City-State-Zip: MIAMI FL 33161

CAMPBELL, ALAN A 14833 N SPUR DR MIAMI, FL 33161 US

Address

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.

#### 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

SECRETARY

Electronic Signature of Signing Officer/Director Detail

FILED Mar 30, 2017 Secretary of State CC7628405739

Certificate of Status Desired: No

## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730404

Entity Name: LIONS FOR THE BLIND, INC.

# **Current Principal Place of Business:**

14833 N SPUR DR MIAMI, FL 33161