

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730404

**Entity Name:** LIONS FOR THE BLIND, INC.

**Current Principal Place of Business:**

3958 NW 167 ST  
MIAMI, FL 33054

**Current Mailing Address:**

PO BOX 640650  
MIAMI, FL 33164

**FEI Number:** 23-7432178

**Certificate of Status Desired:** No

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

HOFFMAN, ROBERT M  
9155 SOUTH DADELAND BLVD.  
1012  
S. MIAMI, FL 33156 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRES	Title	VP
Name	MALOFF, ELIZABETH	Name	FERRER, HECTOR
Address	177 WEST SUNRISE AVE	Address	1756 NW 16TH ST
City-State-Zip:	CORAL GABLES FL 33133	City-State-Zip:	MIAMI FL 33125
Title	S/TR		
Name	CAMPBELL, ALAN		
Address	14833 N SPUR DR		
City-State-Zip:	MIAMI FL 33161		

*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 A CAMPBELL

SECY/TREAS

01/23/2013

Electronic Signature of Signing Officer/Director Detail

Date