

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 730355 (5)**

1. Corporation Name

**FLORIDA LIONS CAMP FOR THE VISUALLY HANDICAPPED, INC.**



Principal Place of Business

**2819 TIGER LAKE ROAD  
LAKE WALES FL 33853**

Mailing Address

**2819 TIGER LAKE ROAD  
LAKE WALES FL 33853**

3. Date Incorporated or Qualified

**08/02/1974**

3a. Date of Last Report

**02/13/1995**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

4. FEI Number

**59-1552242**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZOBEL, RON  
2819 TIGER LAKE ROAD  
LAKE WALES FL 33853**

81 Name **Raymond B. Cartwright**

82 Street Address (P.O. Box Number is Not Acceptable)

**460 W Pierce St.**

83 **Lake Alfred**

84 City

**FL**

85 Zip Code  
**33850**

I, Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Raymond B. Cartwright**

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**1/17/96**

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>MOSER, ROBERT</b>	
STREET ADDRESS	<b>P.O. BOX 372462, N/A</b>	
CITY-ST-ZIP	<b>SATELLITE BEACH FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>GRAHAM, RICHARD</b>	
STREET ADDRESS	<b>5400 NW 199TH TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>MD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ZOBEL, RON</b>	
STREET ADDRESS	<b>2819 TIGER LAKE RD</b>	
CITY-ST-ZIP	<b>LAKE WALES FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>VAN DUZER, WILLIAM</b>	
STREET ADDRESS	<b>PO BOX 2605 N/A</b>	
CITY-ST-ZIP	<b>FT MYERS BEACH FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>CAMERON, WILLIAM</b>	
STREET ADDRESS	<b>2916 CLOVERFIELD LANE</b>	
CITY-ST-ZIP	<b>VALRICO FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>DRURY, FRANK</b>	
STREET ADDRESS	<b>P.O. BOX 372089, N/A</b>	
CITY-ST-ZIP	<b>SATELLITE BEACH FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D/2nd VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>PP/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Raymond B. Cartwright**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/17/96**

Daytime Phone #

CR2E037 (12/95)