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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 730355

(5)

## FLORIDA LIONS CAMP FOR THE VISUALLY HANDICAPPED,

2819 TIGER LAKE ROAD	2819 TIGER LAKE ROAD LAKE WALES FL 33853-9582
Principal Place of Business	Mailing Address

## FILED Feb 07 1997 8:00am Secretary of State



Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Registered Agent  Syname and Address of Current Registered Agent  Syname and Address of Current Registered Agent  CARTWRIGHT, RAYMOND B.  460 W PIERGE STREET  LAKE ALFRED FL 33850  B1 Name GRAHAM, RICHARD  B2 Street Address (P.O. Box Number is Not Acceptable)  5400 NW 199th TERRACE  B4 City  MIAMI  FL B5 Zip Co.  330  B4 City  MIAMI  FL B5 Zip Co.  330  Signature  Signature types or printed name of registered agent and titled lapticable  NOTE Registered Agent bignature regulated when relinating)  MOSER, ROBERT  Signature types or printed name of registered agent and titled lapticable  NOTE Registered Agent bignature regulated when relinating)  MOSER, ROBERT  P.O. BOX 372462, N/A  SATELLITE BEACH FL  14 City-S1-Zip  Signature BACH FL  14 City-S1-Zip  Signature BACH FL  14 City-S1-Zip  Signature BACH FL  15 Signature Registered Signature regulated when relinating)  MOSER, ROBERT  P.O. BOX 372462, N/A  SATELLITE BEACH FL  14 City-S1-Zip  Signature BACH FL  Signature BAC	ed For pplicable littonal ired ay Be
Suite, Apt. #, etc. Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  Signature  CARTWRIGHT, RAYMOND B. 460 W PIERGE STREET  LAKE ALFRED FL 33850  CARTWRIGHT, RAYMOND B. 460 W PIERGE STREET  LAKE ALFRED FL 33850  Eq. City MIAMI  FL BS Zip Co. 33 City MIAMI  FL BS Zip Co. 35 City MIAMI  FL BS Zip Co. 36 City MIAMI  FL BS Zip Co. 37 City MIAMI  FL BS Zip Co. 37 City MIAMI  FL BS Zip Co. 37 City MIAMI  FL BS Zip Co. 38 City MIAMI  MOSER, ROBERT  P.O. BOX 372462, N/A SATELLITE BEACH FL  14 City SI-2P	pplicable litlonal ired ay Be ses
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Added to  Florida Statutes  Yes No  9, Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  CARTWRIGHT, RAYMOND B.  460 W PIERGE STREET  LAKE ALFRED FL 33850  B1 Name GRAHAM, RICHARD  CARTWRIGHT, RAYMOND B.  460 W PIERGE STREET  LAKE ALFRED FL 33850  B2 Street Address (P.O. Box Number is Not Acceptable)  481 Name GRAHAM, RICHARD  Street Address (P.O. Box Number is Not Acceptable)  B2 Street Address (P.O. Box Number is Not Acceptable)  B3 Street Address (P.O. Box Number is Not Acceptable)  B4 City MIAMI  FL 85 Zip Co  33.0  11. 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 file agent. I am familiacywith, and accept the obligations of. Section 617.0503. Florida Statutes.  SIGNATURE  Signature types or printed name of registered agent and trified applicable  NOTE Registered Agent signature required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  DVP  MOSER, ROBERT  P.O. BOX 372462, N/A  SATELLITE BEACH FL  14 INILE  LITTLE  DVP  MOSER, ROBERT  P.O. BOX 372462, N/A  SATELLITE BEACH FL  14 INILE  LITTLE  LITTLE  DVP  MOSER, ROBERT  P.O. BOX 372462, N/A  SATELLITE BEACH FL  14 INILE  LITTLE  LITTLE  LITTLE  LITTLE  DVP  MOSER, ROBERT  P.O. BOX 372462, N/A  SATELLITE BEACH FL  14 INILE  LITTLE  LITT	litkonal ired ay Be ees
City & State  Country  Coun	ired ay Be Fees
City & State    City & State   City & State   City & State   City & State   City & State   Country   Zip   Country   Zip   Country   Zip   Country   St. This corporation has liability for intangible tax under s. 1 Florida Statutes   Yes   No   No   Name and Address of Current Registered Agent   Name and Address of No   Name and Address of Now Registered Agent   Name GRAHAM, RICHARD	ees
Zip Country Zip Country Signatures and Address of Current Registered Agent  9, Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name GRAHAM, RICHARD  12. Street Address (P.O. Box Number is Not Acceptable)  83 City MIAMI  14. 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 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 reagent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. Pursuant to the provisions of Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as reagent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. City-ST-ZIP  STREET ADDRESS  P.O. BOX 372462, N/A  13. STREET ADDRESS  CITY-ST-ZIP  SATELLITE BEACH FL	
28	
9, Name and Address of Current Registered Agent  CARTWRIGHT, RAYMOND B. 460 W PIERGE STREET LAKE ALFRED FL 33850  82 Street Address (P.O. Box Number is Not Acceptable)  FL 85 Zip Co 33 C	
CARTWRIGHT, RAYMOND B. 460 W PIERGE STREET LAKE ALFRED FL 33850  84 City MIAMI FL 85 Zip Co 3 3 C  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing itse of fice 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 reagent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE Signature **ryped or printed name of registered agent and title if applicable.*  (NOTE: Registered Agent signature required when reinstating)  DELETE 1.1 TITLE  MOSER, ROBERT  STREET ADDRESS CHY-ST-ZIP  SATELLITE BEACH FL  1.2 STREET ADDRESS CHY-ST-ZIP  SATELLITE BEACH FL  1.4 CITY-ST-ZIP	
460 W PIERGE STREET LAKE ALFRED FL 33850  84 City MIAMI  TILE Signature typed or printed name of registered agent and bile if applicable Signature typed or printed name of registered agent and bile if applicable  OFFICERS AND DIRECTORS  TITLE DVP MOSER, ROBERT SIRRET ADDRESS CITY-ST-ZIP SATELLITE BEACH FL  ABS Zip Co 33 C 3	
LAKE ALFRED FL 33850  B4 City MI AMI  T1. 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 of 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 reagent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature typed or printed name of registered agent and bitle if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  DVP  DELETE  1.1 TITLE  NAME  MOSER, ROBERT  1.2 NAME  STREET ADDRESS  P.O. BOX 372462, N/A  1.3 STREET ADDRESS  CITY-ST-ZIP  SATELLITE BEACH FL	
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SIGNATURE    Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE	gistered
SIGNATURE    Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE	pstered
Signature typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating). JATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE DVP	
TITLE         DVP         DELETE         1.1 TITLE         Change           NAME         MOSER, ROBERT         1.2 NAME           STREET ADDRESS         P.O. BOX 372462, N/A         1.3 STREET ADDRESS           CITY-ST-ZIP         SATELLITE BEACH FL         1.4 CITY-ST-ZIP	
NAME         MOSER, ROBERT         1.2 NAME           STREET ADDRESS         P.O. BOX 372462, N/A         1.3 STREET ADDRESS           CHY-ST-ZIP         SATELLITE BEACH FL         1.4 CITY-ST-ZIP	
STREET ADDRESS P.O. BOX 372462, N/A 1.3 STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH FL 1.4 CITY-ST-ZIP	Addition
CITY-ST-ZIP SATELLITE BEACH FL 1.4 CITY-ST-ZIP	
TITLE VPD DELETE 2.1 TITLE	Addition
TITLE VPD L DELETE 2.1 TITLE	
STREET ADDRESS 5400 NW 199TH TERRACE 2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 2.4 CITY-ST-ZIP	
TITLE PPD DELETE 3.1 TITLE PD Change	Addition
NAME VAN DUZER, WILLIAM 32 NAME GRAHAM RICHARD	
STREET ADDRESS PO BOX 2605 N/A  CITY-ST-ZIP FT MYERS BEACH FL  3.3 STREET ADDRESS 5400 NW 199th TERRACE MIAMI FI 33055	
TITLE SD DELETE 41 TITLE VPD	Addition
NAME CAMERON, WILLIAM 4.2 NAME CAMERON WILLIAM	
STREET ADDRESS 2916 CLOVERFIELD LANE 43 STREET ADDRESS 2916 CLOVERFIELD LANE	
CITY-ST-ZIP VALRICO FL 33594	
TITLE PD DELETE 5.1 TITLE PPD Change	Aud Maria
NAME DRURY, FRANK 5.2 NAME DRURY FRANK DRURY FRANK	Addition
STREET ADDRESS P.O. BOX 372089, N/A 5.3 STREET ADDRESS PO BOX 372089	Addition
CITY-ST-ZIP SATELLITE BEACH FL 33937  TITLE DELETE 6.1 TITLE TREASURED LACETY CONTROL	Addition
TADADOREK	
NAME ROSEMARIE STRICKLAND	Addition Addition
STREET ADDRESS  CITY-ST-ZIP  6.3 STREET ADDRESS  18530 SE LAKESIDE DRIVE 6.4 CITY-ST-ZIP  TEQUESTA FL 33469	
14. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iii). Florida Statutes. I further certify that the information indicated on this annual report of state and exemption stated in Section 119.07(3)(iii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iii). Florida Statutes. I further certify that the same level exemption stated in Section 119.07(3)(iii).	

4. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), 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

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