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Feb 07 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

2819 TIGER LAKE ROAD  
LAKE WALES FL 33853

2819 TIGER LAKE ROAD  
LAKE WALES FL 33853-8582



3. Date Incorporated or Qualified  
06/02/1974

3a. Date of Last Report  
01/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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

CARTWRIGHT, RAYMOND B.  
460 W PIERCE STREET  
LAKE ALFRED FL 33850

81 Name

GRAHAM, RICHARD

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

5400 NW 199th TERRACE

83

84 City

MIAMI

FL

85 Zip Code  
33055

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVP  
NAME MOSER, ROBERT  
STREET ADDRESS P.O. BOX 372462, N/A  
CITY-ST-ZIP SATELLITE BEACH FL

DELETE

TITLE VPD  
NAME GRAHAM, RICHARD  
STREET ADDRESS 5400 NW 199TH TERRACE  
CITY-ST-ZIP MIAMI FL

DELETE

TITLE PPD  
NAME VAN DUZER, WILLIAM  
STREET ADDRESS PO BOX 2605 N/A  
CITY-ST-ZIP FT MYERS BEACH FL

DELETE

TITLE SD  
NAME CAMERON, WILLIAM  
STREET ADDRESS 2916 CLOVERFIELD LANE  
CITY-ST-ZIP VALRICO FL

DELETE

TITLE PD  
NAME DRURY, FRANK  
STREET ADDRESS P.O. BOX 372089, N/A  
CITY-ST-ZIP SATELLITE BEACH FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

PD  
GRAHAM RICHARD  
5400 NW 199th TERRACE  
MIAMI FL 33055

VPD  
CAMERON WILLIAM  
2916 CLOVERFIELD LANE  
VARICO FL 33594

PPD  
DRURY FRANK  
PO BOX 372089  
SATELLITE BEACH FL 33937

TREASURER  
ROSEMARIE STRICKLAND  
18530 SE LAKESIDE DRIVE  
TEQUESTA FL 33469

14. I do hereby certify that the information supplied with this filing does not qualify 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:

Signature typed or printed name of signing officer or director

1-9-92

1-941-6961948

CR2E037 (9/96)