

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730355

FILED
Jan 06, 2006
Secretary of State

Entity Name: FLORIDA LIONS CAMP FOR THE VISUALLY HANDICAPPED, INC.

Current Principal Place of Business:

2819 TIGER LAKE ROAD
LAKE WALES, FL 33898

New Principal Place of Business:

Current Mailing Address:

2819 TIGER LAKE ROAD
LAKE WALES, FL 33898

New Mailing Address:

FEI Number: 59-1552242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAGE, BARBARA J
2819 TIGER LAKE ROAD
LAKE WALES, FL 33898 US

Name and Address of New Registered Agent:

CAGE, BARBARA J
2819 TIGER LAKE ROAD
LAKE WALES, FL 33898 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: BARBARA J. CAGE

01/06/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AYERS, JOE
Address: 101 ALLEN AVENUE
City-St-Zip: WINTER HAVEN, FL 33880

Title: VD () Delete
Name: PADULA, ART
Address: 2508 50 ST SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: TD () Delete
Name: LASTINGER, LOIS
Address: 29743 MORWEN PLACE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: S () Delete
Name: MCCAGG, PETE
Address: 7605 GRASSY COURT
City-St-Zip: NORTH FORT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WADE, GEOFFREY
Address: P.O. BOX 880547
City-St-Zip: PORT ST. LUCIE, FL 34988

Title: VD (X) Change () Addition
Name: LASTINGER, LOIS
Address: 29743 MORWEN PLACE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: TD (X) Change () Addition
Name: MILLICAN, BRADY
Address: 839 SAGAMORE STREET
City-St-Zip: LAKELAND, FL 33803

Title: S (X) Change () Addition
Name: LOAIZA, JOYCE
Address: P.O. BOX 8962
City-St-Zip: CORAL SPRINGS, FL 33075

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GEOFFREY WADE

PD

01/06/2006

Electronic Signature of Signing Officer or Director

Date