

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 08, 2008
Secretary of State

DOCUMENT# 730355

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:**

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

OFFICERS AND DIRECTORS:

Title: PP () Delete
Name: WADE, GEOFFREY
Address: P.O. BOX 880547
City-St-Zip: PORT ST. LUCIE, FL 34988

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

Title: PD () Delete
Name: MILLICAN, BRADY
Address: 839 SAGAMORE STREET
City-St-Zip: LAKE LAND, FL 33803

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

Title: TREA () Delete
Name: GERALD, KENNERK
Address: 9855 HOLLY STREET
City-St-Zip: SEBASTIAN, FL 32976

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: ANDREWS, NORMA JEAN
Address: 3460 N. KEY DRIVE, UNIT #114 E
City-St-Zip: NORTH FT. MYERS, FL 33903

Title: 2 V (X) Change () Addition
Name: KENNERK, JERRY
Address: 9855 HOLLY STREET
City-St-Zip: SEBASTIAN, FL 32976

Title: S (X) Change () Addition
Name: MACLAREN, LINDA/ROBERT
Address: 1171 S.W. 8TH STREET
City-St-Zip: BOCA RATON, FL 33486

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

I hereby certify that the information supplied with this filing does not qualify 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: BARBARA J. CAGE

DIR.

04/08/2008

Electronic Signature of Signing Officer or Director

Date