

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

01-13-2003 90691 043 ****61.25

DOCUMENT # 730355

1. Entity 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

55006093



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1552242**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CAGE, BARBARA J
2819 TIGER LAKE ROAD
LAKE WALES FL 33853

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Barbara J. Cage*

(NOTE: Registered Agent signature required when reinstating)

DATE

1-08-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	☒ Delete
NAME	SAMEN, CHARLES	
STREET ADDRESS	150 NICHOLS CIR	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE	VD AYERS	☐ Delete
NAME	AYERS, JOE	
STREET ADDRESS	101 ALLEN AVE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	TD	☒ Delete
NAME	LOAIZA, RALPH	
STREET ADDRESS	P.O BOX 8962	
CITY-ST-ZIP	CORAL SPRINGS FL 33075-8962	
TITLE	VP	☐ Delete
NAME	FARRIS, DELORES	
STREET ADDRESS	11856 SE 176TH PLACE ROAD	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☒ Change ☐ Addition
NAME	Joe Ayers	
STREET ADDRESS	101 Allen Ave.	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE	VD	☐ Change ☒ Addition
NAME	ART PADULA	
STREET ADDRESS	2508 60TH ST. S	
CITY-ST-ZIP	Gulfport, FL 33707	
TITLE	TD	☐ Change ☒ Addition
NAME	LOIS LASTINGER	
STREET ADDRESS	29743 Morwen Place	
CITY-ST-ZIP	Wesley Chapel, FL 33543	
TITLE	S	☐ Change ☒ Addition
NAME	PETE McCagg	
STREET ADDRESS	7605 Grassy Court	
CITY-ST-ZIP	N. Ft. Myers, FL 33917	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-08-03

Date

863-696-1948

Daytime Phone #

CR2037 (10/02)