2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2008 8:00 am
Secretary of State
01-25-2008 90033 016 ****61.25

DOCUMENT # 741667

1. Entity Name

FLORIDA LIONS FOUNDATION FOR THE BLIND, INC.

Principal Place of Business	Mailing Address
4111 SOUTHEAST 10TH PL OCALA FL 34471-4811 US	4111 SOUTHEAST 10TH PLACE OCALA FL 34471-4811 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1052917 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WOODS, H. LEE
4111 SE 10TH PL
OCALA FL 34471-4811

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 _____ 1/23/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MILLER, GILBERT 17564 SW 29 LANE MIRAMAR FL 33029	☐ Delete X
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WOODS, JOHN R 810 41ST COURT VERO BEACH FL 32960	☒ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WORKMAN, GYLE 1421 PARK DRIVE CASSELBERRY FL 32707	☒ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRACKIN, RILEY 5468 WINDEMERE DR. JACKSONVILLE FL 32211	☒ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WOODS, H. LEE 4111 SOUTHEAST 10TH PLACE OCALA FL 34471-4811	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP DURHAM, SEARCY 105 DOTTIE CT. INTERLACHEN FL 32148	☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LOIS Q. MALECKY 68 S. Highview Ave. Lecanto, FL 34461-9266	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LINO R DE LA HERA 580 South Drive Miami Springs, FL 32166-4948	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HOWARD-YOUNG 851 Friday Rd. Quincey, FL 32352-5008	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROSEMARIE WATSON 3927 N.W. 31ST. Terr. Gainesville, FL 32605	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARL HARRELL P.O.B. 1021 Welaka, FL 32193-1021	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section [illegible], 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: H. LEE WOODS EXEC. SECT./TREAS. 1/23/08 1/352/624/1804