

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741667

FILED
Apr 09, 2009
Secretary of State

Entity Name: FLORIDA LIONS FOUNDATION FOR THE BLIND, INC.

Current Principal Place of Business:

4111 SOUTHEAST 10TH PL
OCALA, FL 344714811 US

New Principal Place of Business:

Current Mailing Address:

4111 SOUTHEAST 10TH PLACE
OCALA, FL 344714811 US

New Mailing Address:

FEI Number: 59-1052917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODS, H. LEE
4111 SE 10TH PL
OCALA, FL 344714811 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: P () Delete
Name: MALECKY, LOIS Q
Address: 68 S HWY AVE
City-St-Zip: LECANTO, FL 344619266

Title: VPD () Delete
Name: DE LA HERA, LINO R
Address: 580 S DR
City-St-Zip: MIAMI SPRINGS, FL 321664948

Title: VPD () Delete
Name: YOUNG, HOWARD
Address: 851 FRIDAY RD
City-St-Zip: QUINCY, FL 323525008

Title: SD () Delete
Name: WATSON, ROSEMARIE
Address: 3927 NW 31ST TERR
City-St-Zip: GAINESVILLE, FL 32605

Title: T () Delete
Name: WOODS, H. LEE
Address: 4111 SOUTHEAST 10TH PLACE
City-St-Zip: OCALA, FL 344714811

Title: D (X) Delete
Name: HARRELL, CARL
Address: POB 1021
City-St-Zip: WELAKA, FL 321931021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: YOUNG, HOWARD
Address: 851 FRIDAY RD
City-St-Zip: QUINCY, FL 323525008 US

Title: VP (X) Change () Addition
Name: WASON, ROSEMARIE
Address: 3927 NW 31ST TERRACE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: VP (X) Change () Addition
Name: WADE, A. GEOFFREY
Address: PO BOX 880547
City-St-Zip: PORT ST LUCIE, FL 349880547 US

Title: ST (X) Change () Addition
Name: WOODS, H. LEE
Address: 4111 SOUTHEAST 10TH PLACE
City-St-Zip: OCALA, FL 344714811 US

Title: D (X) Change () Addition
Name: HARRELL, CARL
Address: PO BOX 1021
City-St-Zip: WELAKA, FL 321931021 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: A. GEOFFREY WADE

VP

04/09/2009

Electronic Signature of Signing Officer or Director

Date