

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741667

FILED
May 04, 2010
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:

1258 E CERMAK ST
HERNANDO, FL 344422620 US

Current Mailing Address:

4111 SOUTHEAST 10TH PLACE
OCALA, FL 344714811 US

New Mailing Address:

PO BOX 1780
HERNANDO, FL 344421780 US

FEI Number: 59-1052917 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:

MALECKY, LOIS Q
1258 E CERMAK ST
HERNANDO, FL 344422620 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: LOIS Q. MALECKY

05/04/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: WATSON, ROSEMARIE
Address: 3927 NW 31ST TERRACE
City-St-Zip: GAINESVILLE, FL 326051404 US

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

Title: VP
Name: ERION, TED
Address: 1100 HURON CT
City-St-Zip: WINTER SPRINGS, FL 32708-551 US

Title: ST
Name: MALECKY, LOIS Q
Address: 1258 E CERMAK ST
City-St-Zip: HERNANDO, FL 344422620 US

Title: SEC
Name: LLOYD, C. DAVID
Address: 1505 WEATHERFORD DR
City-St-Zip: SUN CITY CENTER, FL 335736431 US

Title: IPP
Name: YOUNG, HOWARD
Address: 851 FRIDAY ROAD
City-St-Zip: QUINCY, FL 323525088

I hereby 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 all other like empowered.

SIGNATURE: LOIS Q. MALECKY

EST

05/04/2010

Electronic Signature of Signing Officer or Director

Date