

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741667

FILED  
Aug 28, 2012  
Secretary of State

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

**Current Principal Place of Business:**

12455 SE 92ND TER  
SUMMERFIELD, FL 344919728 US

**New Principal Place of Business:**

**Current Mailing Address:**

12455 SE 92ND TER  
SUMMERFIELD, FL 344919728 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:**

MALECKY, LOIS Q  
12455 SE 92ND TER  
SUMMERFIELD, FL 344919728 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  
Name: ERION, THEODORE L  
Address: 1100 HURON CT  
City-St-Zip: WINTER SPRINGS, FL 327085515 US

Title: VP  
Name: LLOYD, C. DAVID  
Address: 4330 COLLINGTREE DR  
City-St-Zip: ROCKLEDGE, FL 329556618 US

Title: VP  
Name: CANTRELL, LOUIS  
Address: 1032 15TH AVE N  
City-St-Zip: ST PETERSBURG, FL 337044118 US

Title: EST  
Name: MALECKY, LOIS Q  
Address: 12455 SE 92ND TER  
City-St-Zip: SUMMERFIELD, FL 344919728 US

Title: SEC  
Name: HARRELL, CARL  
Address: 234 SPORTSMAN DR  
City-St-Zip: WELAKA, FL 321933406 US

Title: IPP  
Name: WADE, A. GEOFFREY  
Address: 5476 NW CULVER CT  
City-St-Zip: PORT ST LUCIE, FL 349864024 US

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

08/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date