

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 20, 2007 8:00 am**  
**Secretary of State**

07-20-2007 90018 046 \*\*\*\*61.25

**DOCUMENT # 763975**  
 1. Entity Name  
**PENSACOLA METRO AREA LIONS SIGHT PROGRAM, INC.**



Principal Place of Business      Mailing Address  
~~3103 NORTH "H" STREET~~      ~~3103 NORTH "H" STREET~~  
 PENSACOLA, FL 32501-1187      PENSACOLA, FL 32501-1127  
*1125 WEST HAYES ST-SUITE B*      *1125 WEST HAYES ST, SUITE B*

**40126203**



07132007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1235268</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**GUTTMANN, MICHAEL**  
 314 S BAYLEN STREET  
 PENSACOLA, FL 32501

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$81.25**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRAWFORD, LEONARD L 7722 NORTHPOINTE DR. PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOWARD, CHRIS 2767 SEGREST RD. PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELLIS, JOAN M 205 ST. CEDD AVE. PENSACOLA, FL 325037939
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEEDHAM, BILL 3921 HARBORS PORT ST. PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Leonard Crawford*, **LEONARD L. CRAWFORD TD**      7/16/07 (850) 479-7779  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #