

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763975

FILED
Mar 14, 2011
Secretary of State

Entity Name: PENSACOLA METRO AREA LIONS SIGHT PROGRAM, INC.

Current Principal Place of Business:

1125 WEST HAYES ST
SUITE B
PENSACOLA, FL 325011127

New Principal Place of Business:

Current Mailing Address:

1125 WEST HAYES ST
SUITE B
PENSACOLA, FL 325011127

New Mailing Address:

FEI Number: 59-1235268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUTTMANN, MICHAEL
314 S BAYLEN STREET
PENSACOLA, FL 32501 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: TD
Name: CRAWFORD, LEONARD L
Address: 7722 NORTHPOINTE DR.
City-St-Zip: PENSACOLA, FL 32514 US

Title: PD
Name: HOWARD, CHRIS
Address: 2767 SEGREST RD.
City-St-Zip: PACE, FL 32571 US

Title: SD
Name: ELLIS, JOAN M
Address: 205 ST. CEDD AVE.
City-St-Zip: PENSACOLA, FL 325037939 US

Title: VPD
Name: RECKE, JOHN
Address: 4520 CHANTILLY WAY
City-St-Zip: MILTON, FL 32583

Title: D
Name: ZARAHN, EDDIE
Address: 3425 RIVER GARDEN CIR
City-St-Zip: PENSACOLA,, FL 32504

Title: D
Name: SIMMONS, NELL
Address: 10145 NORIEGO DR
City-St-Zip: PENSACOLA, FL 32514

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: LEONARD L CRAWFORD

TREA

03/14/2011

Electronic Signature of Signing Officer or Director

Date