


FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **NO9394**  
1. Corporation Name  
**WINTER HAVEN LIONS EYESIGHT CONSERVATION  
FOUNDATION, INC.**

Principal Place of Business <b>820 AVENUE L. SW WINTER HAVEN, FL 33880-3834</b>	Mailing Address <b>820 AVENUE L SW WINTER HAVEN, FL 33880-3834</b>
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3. Date Incorporated or Qualified <b>05/21/1985</b>	4. FEI Number <b>59-2596897</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P.O. Box 9015 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PECK, CHARLES  
100 N. LAKE ELOISE  
WINTER HAVEN, FL 33884**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>TD ROLF, LELAND S., JR.</b>
STREET ADDRESS	<b>1034 BILTMORE DR.</b>
CITY-ST-ZIP	<b>WINTER HAVEN, FL 33881</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>PD MILLS, C. EVERETT</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>SD PECK, CHARLES</b>
STREET ADDRESS	<b>100 N. LAKE ELOISE</b>
CITY-ST-ZIP	<b>WINTER HAVEN, FL 33884</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D GUENTHER, ROBERT C</b>
STREET ADDRESS	<b>4418 MAHOGANY RUN S.E.</b>
CITY-ST-ZIP	<b>WINTER HAVEN, FL 33884</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>PD ZINSMEISTER, THOMAS</b>
2.3 STREET ADDRESS	<b>1211 6TH STREET SE</b>
2.4 CITY-ST-ZIP	<b>WINTER HAVEN, FL 33880</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>200002607152</b>
4.3 STREET ADDRESS	<b>-08/04/98--01072--019</b>
4.4 CITY-ST-ZIP	<b>***61.25</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>D BARLOW, KEVIN</b>
5.3 STREET ADDRESS	<b>4650 SHERWOOD LN</b>
5.4 CITY-ST-ZIP	<b>LAKELAND, FL 33813</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LELAND S. ROLF, JR.**

**7/24/98**

**(941) 297-6842**

Date

Daytime Phone #

CR2E037 (10/97)