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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N09394

1. Corporation Name

WINTER HAVEN LIONS EYESIGHT CONSERVATION FOUNDATION, INC.

Principal Place of Business

Mailing Address

820 AVENUE L. S.W.
 WINTER HAVEN FL 33880
 US

PO BOX 9015
 WINTER HAVEN FL 33883-9015



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

05/21/1985

4. FEI Number

59-2596897

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

PECK, CHARLES S
 100 NORTH LAKE ELOISE
 WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 ☐ DELETE

TITLE TD
 NAME ROLF, LELAND S., JR.
 STREET ADDRESS 1034 BILTMORE DRIVE
 CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE SD
 NAME PECK, CHARLES
 STREET ADDRESS 100 N. LAKE ELOISE
 CITY-ST-ZIP WINTER HAVEN FL 32884

TITLE D
 NAME GUENTHER, ROBERT C
 STREET ADDRESS 4418 MAHOGANY RUN SE
 CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE PD
 NAME ZINSMEISTER, THOMAS
 STREET ADDRESS 1211 6TH STREET SE
 CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE D
 NAME BARLOW, KEVIN
 STREET ADDRESS 4650 SHERWOOD LN
 CITY-ST-ZIP LAKELAND FL 33813

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE PD (TITLE ONLY) ☒ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE D ☒ Change ☐ Addition
 4.2 NAME BISHOP, CHARLES
 4.3 STREET ADDRESS 1502 BUCKEYE RD N.E. #2
 4.4 CITY-ST-ZIP WINTER HAVEN, FL 33881

5.1 TITLE VD (TITLE ONLY) ☒ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE D ☐ Change ☒ Addition
 6.2 NAME TAYLOR, WILLIAM
 6.3 STREET ADDRESS 1338 W. MILLSITE DR.
 6.4 CITY-ST-ZIP WINTER HAVEN, FL 33880

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Leland S. Rolf, Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **LELAND S. ROLF, JR. 1-13-99 (941) 965-2217**
TREASURER

Date

Daytime Phone #

CR2E037 (11/98)