

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90644 018 ****61.25

DOCUMENT # N09394

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2596897**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PECK, CHARLES S
2621 PAMELA DR
WINTER HAVEN FL 33884**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **PECK, CHARLES**
CITY-ST-ZIP **2621 PAMELA DR
WINTER HAVEN FL 33884**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **POITRAS, RAY**
CITY-ST-ZIP **321 AVENUE B NE
WINTER HAVEN FL 33881**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **TITLE CHANGE ONLY**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BISHOP, CHARLES**
CITY-ST-ZIP **1502 BUCKEYE RD. N.E. #2
WINTER HAVEN FL 33881**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **BARLOW, KEVIN**
CITY-ST-ZIP **4650 SHERWOOD LN
LAKELAND FL 33813**

TITLE ☒ Change ☐ Addition
NAME **PD**
STREET ADDRESS **TITLE CHANGE ONLY**
CITY-ST-ZIP

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **RYERSON, RONALD**
CITY-ST-ZIP **308 KENDALL DR. SE
WINTER HAVEN FL 33884**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **GIOVANETTI, JOSEPH**
CITY-ST-ZIP **491 VILLAGE CIRCLE SW
WINTER HAVEN, FL 33880**

12. 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 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:

LELAND S. ROLF, JR. 3-17-03 863 421-8484

CR2E037 (10/02)