

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90012 010 ****61.25

DOCUMENT # N16479

1. Entity Name

LEISURE OF THE BLIND, INC.



Principal Place of Business

1824 S HARBOR CITY
MELBOURNE FL 32901
US

Mailing Address

P O BOX 361804
MELBOURNE FL 32936
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-3226814

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

HERNDON, PAT
3780 W. NEW HAVEN AVE
MELBOURNE FL 32904

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
Due By May 1, 2004

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 **D** ☒ Delete
NAME MULLIGAN, DEROOTHY
STREET ADDRESS 3227 FAIRFAX AVE. NE
CITY-ST-ZIP PALM BAY FL 32905

TITLE **PD** ☐ Change ☒ Addition
NAME HERNDON, PAT
STREET ADDRESS 3280 W NEW HAVEN AVE
CITY-ST-ZIP MELBOURNE FL 32904

TITLE **SD** ☒ Delete
NAME DODD, REBA
STREET ADDRESS 1276 SHORT ST
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE **VPD** ☐ Change ☒ Addition
NAME FUHRMAN, JAYNE
STREET ADDRESS 520 PALM SPRINGS BLVD
CITY-ST-ZIP INDIAN HARBOR BCH FL 32937

TITLE **TD** ☐ Delete
NAME HICKMAN, MERLE
STREET ADDRESS 441 CROCKETT ST
CITY-ST-ZIP WEST MELBOURNE FL 32904

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

TITLE **SD** ☐ Delete
NAME COOLEY, DICK
STREET ADDRESS 775 HAHAU AVE
CITY-ST-ZIP PALM BAY FL 32907

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

TITLE **D** ☒ Delete
NAME HICKMAN, HARLEY
STREET ADDRESS 441 CROCKETT ST
CITY-ST-ZIP WEST MELBOURNE FL 32904

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME MULLIGAN, DOROTHY
STREET ADDRESS 3227 FAIRFAX AVE. NE
CITY-ST-ZIP PALM BAY, FL 32905

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: Merle Hickman Merle Hickman 8/2/04 321-729-8168