

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

FILED
Jun 04, 2003 8:00 am
Secretary of State

06-04-2003 90093 039 ****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

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

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 NAME | PD HERNDON, PAT | <input type="checkbox"/> Delete |
| STREET ADDRESS | 3280 W NEW HAVEN AVE | |
| CITY-ST-ZIP | MELBOURNE FL 32904 | |
| TITLE NAME | VPD FUHRMAN, JANE | <input type="checkbox"/> Delete |
| STREET ADDRESS | 520 PALM SPRINGS BLVD | |
| CITY-ST-ZIP | INDIAN HARBOR BEACH FL 32937 | |
| TITLE NAME | SD DODD, REBA | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 1276 SHORT ST | |
| CITY-ST-ZIP | ROCKLEDGE FL 32955 | |
| TITLE NAME | TD HICKMAN, MERLE | <input type="checkbox"/> Delete |
| STREET ADDRESS | 441 CROCKETT ST | |
| CITY-ST-ZIP | WEST MELBOURNE FL 32904 | |
| TITLE NAME | D COOLEY, DICK | <input type="checkbox"/> Delete |
| STREET ADDRESS | 775 HAHAU AVE | |
| CITY-ST-ZIP | PALM BAY FL 32907 | |
| TITLE NAME | D HICKMAN, HARLEY | <input type="checkbox"/> Delete |
| STREET ADDRESS | 441 CROCKETT ST | |
| CITY-ST-ZIP | WEST MELBOURNE FL 32904 | |

| | | |
|----------------|------------------------|--|
| TITLE NAME | D MULLIGAN, DOROTHY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 3227 FAIRFAX AVENUE | |
| CITY-ST-ZIP | PALM BAY FL 32905 | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | SD COOLEY, DICK | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 775 HAHAU AVE. | |
| CITY-ST-ZIP | PALM BAY FL 32907 | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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

4-30-03

**(321) -
729-8168**

CR2E037 (10/02)