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FILED
Feb 03 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702966

(3)

1. Corporation Name

FLORIDA LIONS EYE BANK, INC.

Principal Place of Business

Mailing Address

900 NW 17TH ST
BOX 016880 (ZIP 33101)
MIAMI FL 33101-6880 33136

900 NW 17TH ST
BOX 016880 (ZIP 33101)
MIAMI FL 33101-6880

3. Date Incorporated or Qualified

10/03/1961

4. FEI Number

59-0967012

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARY ANNE TAYLOR
900 N.W. 17 STREET
FLORIDA LIONS EYE BANK
MIAMI FL 33136

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

TITLE VD
NAME DAVIS, ANNE
STREET ADDRESS 374 N BISCAYNE RIVER DRIVE
CITY-ST-ZIP MIAMI FL

☒ DELETE

TITLE VD
NAME PRELLWITZ, EDWARD
STREET ADDRESS 828 NE 97TH ST
CITY-ST-ZIP MIAMI SHORES FL

☐ DELETE

TITLE PD
NAME DAWSON, ROBERT
STREET ADDRESS 8532 NW 27TH DRIVE
CITY-ST-ZIP CORAL SPRINGS FL

☒ DELETE

TITLE VD
NAME CHITWOOD, BARRY
STREET ADDRESS 3000 NW 5TH TERRACE
CITY-ST-ZIP POMPANO BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

P.D.
P. Dee Stephenson, M.D.
200 Palermo Place
Venice, FL 34285

T.D.
Mike San Miguel
4442 San Grape Drive
Lauderdale By the Sea, FL

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.

SIGNATURE:

P. Dee Stephenson, M.D.

1/18/98

941-485-1121

CR2E037 (10/97)