


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90027 043 \*\*\*\*70.00

<b>DOCUMENT # 702966</b> 1. Entity Name <b>FLORIDA LIONS EYE BANK, INC.</b>					
Principal Place of Business <b>900 NW 17TH ST MIAMI, FL 33136 US</b>			Mailing Address <b>131C BOX 016880 (ZIP 33101) MIAMI, FL 33101-6880 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-0967012</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MARY ANNE TAYLOR 900 N.W. 17 STREET FLORIDA LIONS EYE BANK MIAMI, FL 33136</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code         </span>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SWEENEY, WILLIAM		NAME		
STREET ADDRESS	1401 E. ATLANTIC BLVD, STE A		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33060		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIGUEL, MIKE SAN		NAME		
STREET ADDRESS	4442 SEA GRAPE DR		STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLEMP, SANDRA		NAME		
STREET ADDRESS	4923 SW 32 HWY		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312		CITY-ST-ZIP		
TITLE	<del>PD</del>	<input type="checkbox"/> Delete	TITLE	<del>PD</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENNEDY, DON		NAME		
STREET ADDRESS	7648 OLEANDER GATE DRIVE, #2D		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SZEMAN, WANDA		NAME	Vidal, Richard M.	
STREET ADDRESS	12900 97TH STREET		STREET ADDRESS	6895 Pinehurst Drive	
CITY-ST-ZIP	FELLSMERE, FL 32948		CITY-ST-ZIP	Miami, FL 33015	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TEJERA, JUAN		NAME		
STREET ADDRESS	13525 SW 23 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		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.					
<b>SIGNATURE:</b> <i>Don Kennedy</i> <b>Treas</b> <b>2/24/04</b> <b>954-202-8621</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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