

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702966

FILED
Apr 25, 2011
Secretary of State

Entity Name: FLORIDA LIONS EYE BANK, INC.

Current Principal Place of Business:

900 NW 17TH STREET
#347
MIAMI, FL 33136 US

New Principal Place of Business:

Current Mailing Address:

900 NW 17TH STREET
#347
MIAMI, FL 33136 US

New Mailing Address:

FEI Number: 59-0967012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOUT-CARAZA, ELIZABETH
900 N.W. 17 STREET
FLORIDA LIONS EYE BANK
MIAMI, FL 33136 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V
Name: MANSOLILLI, BUD
Address: 939 BUNKER HILL DRIVE
City-St-Zip: NAPLES, FL 34110

Title: V
Name: ANDERSON, BLAIR
Address: 413 BUTTONWOOD PLACE
City-St-Zip: BOCA RATON, FL 33431

Title: P
Name: BRAUSS, JAMES
Address: 1528 NE 4TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: S
Name: PINKERTON, COLLEEN
Address: 19705 WEST LAKE DRIVE
City-St-Zip: MIAMI, FL 33015

Title: V
Name: GALLIANI, ROSA
Address: 4851 NW 99TH COURT
City-St-Zip: DORAL, FL 33178

Title: T
Name: SAN MIGUEL, LUIS
Address: 9225 SW 63 STREET
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ELIZABETH FOUT-CARAZA

ED

04/25/2011

Electronic Signature of Signing Officer or Director

Date