

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

4/2/2007-90099-005-\$61.25-\$61.25

FILED

07 APR 25 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N05000004764 1. Entity Name NORTH FLORIDA LIONS EYE FOUNDATION, INC.		
Principal Place of Business 317 NE FIRST ST. GAINESVILLE FL 32601		Mailing Address 317 NE FIRST ST. GAINESVILLE FL 32601
2. Principal Place of Business - No P.O. Box # % WALT McLANAHAN	3. Mailing Address 7812 BLAKEFORD MILL LANE	
Suite, Apt. #, etc. 7812 B	Suite, Apt. #, etc. 5000	
City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL	
Zip 32256-3941	Country DUVA	4. FEI Number 83-0432246
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent HALL, CRAIG F 317 NE FIRST ST. GAINESVILLE FL 32601		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____		
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>
		\$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 STREET ADDRESS CITY-STATE-ZIP	C MELANAHAN, WALTER 7812 BLAKEFORD MILL LN. JACKSONVILLE FL 32256	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST DICKINSON, DAVID 1651 W. SCHWARTZ BLVD LADY LAKE FL 32159	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SMITH, BERTHA 3215 N. EAST AVE. PANAMA CITY FL 32405	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DVC WATSON, ROSE MARIE 3927 NW. 31ST TERR GAINESVILLE FL 32605	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D GOLDEN, THOMAS 1203 TARPON LANE LADY LAKE FL 32159	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CRAIG HALL 317 N.E. 1ST STREET GAINESVILLE, FL 32601	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <u>WALTER E. McLANAHAN</u> <u>Walter E. McLanahan</u> 3/6/7 904-538-9441 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Diverse Phone #</small>		