

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006174

FILED
Feb 15, 2008
Secretary of State

Entity Name: LIONS EYE INSTITUTE FOR TRANSPLANT & RESEARCH FOUNDATION, INC.

Current Principal Place of Business:

1410 21ST STREET
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

1410 21ST STREET
TAMPA, FL 33605

New Mailing Address:

FEI Number: 01-0843838

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHRISTALDI, RONALD A
101 E KENNEDY BLVD SUITE 2800
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

CHRISTALDI, RONALD A
101 E KENNEDY BLVD SUITE 3400
TAMPA, FL 33602 US

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:

02/15/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HENDERSON, EDWARD C
Address: 5936 17TH STREET NE
City-St-Zip: ST PETERSBURG, FL 33703

Title: D () Delete
Name: WALTON, CATHERINE V
Address: 4339 WHITTNER DR
City-St-Zip: LAND O LAKES, FL 34639

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COOKE, ALLEN J
Address: 16601 PALM ROYAL DRIVE APT 1432
City-St-Zip: TAMPA, FL 33647

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: EDELMAN, MARC R ESQ.
Address: 6608 ADAMO DRIVE
City-St-Zip: TAMPA, FL 33619

Title: D () Change (X) Addition
Name: GALLAGHER, RAE
Address: 8606 PAXTON DRIVE
City-St-Zip: PORT RICHEY, FL 34668

Title: D () Change (X) Addition
Name: LAACK, DORI
Address: 6654 CAMPBRIDGE PARK DRIVE
City-St-Zip: APOLLO BEACH, FL 33572

Title: D () Change (X) Addition
Name: NOLINSKE, TERRIE
Address: 9223 ROCKROSE DRIVE
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TERRI ELISE GOLDSTEIN, CFRE

FM

02/15/2008

Electronic Signature of Signing Officer or Director

Date