

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006174

FILED
Feb 16, 2010
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 ()

Name and Address of Current Registered Agent:

CHRISTALDI, RONALD A
101 E KENNEDY BLVD SUITE 3400
TAMPA, FL 33602 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: C
Name: O'ROURKE, MICHAEL J
Address: 1027 SOUTH DAKOTA AVE
City-St-Zip: TAMPA, FL 33606

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

Title: D
Name: SWANSON, RUTHANN
Address: 36741 MISSOURI AVENUE
City-St-Zip: DADE CITY, FL 33523

Title: EX-O
Name: WOODY, JASON K
Address: 4202 CARTNELL AVENUE
City-St-Zip: TAMPA, FL 33624

Title: S
Name: LAACK, DORI
Address: 6654 CAMPBRIDGE PARK DRIVE
City-St-Zip: APOLLO BEACH, FL 33572

Title: D
Name: SAMPERA, ERNEST
Address: 2415 WEST SUNSET DRIVE
City-St-Zip: TAMPA, FL 33629

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: JASON K. WOODY

EX-O

02/16/2010

Electronic Signature of Signing Officer or Director

Date