

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702966

FILED
Mar 15, 2021
Secretary of State
5149203370CC

Entity Name: FLORIDA LIONS EYE BANK, INC.

Current Principal Place of Business:

900 NW 17TH STREET
#348
MIAMI, FL 33136

Current Mailing Address:

900 NW 17TH STREET
#348
MIAMI, FL 33136 US

FEI Number: 59-0967012

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FOUT, ELIZABETH
900 N.W. 17 STREET
FLORIDA LIONS EYE BANK 348
MIAMI, FL 33136 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: ELIZABETH FOUT

03/15/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	EXECUTIVE DIRECTOR
Name	FOUT, ELIZABETH
Address	900 NW 17TH STREET #348
City-State-Zip:	MIAMI FL 33136
Title	VP
Name	WADE, GEOFF
Address	900 NW 17TH STREET #348
City-State-Zip:	MIAMI FL 33136
Title	IMMEDIATE PAST PRESIDENT
Name	CALLAHAN, NORMA PHD
Address	900 NW 17TH STREET
City-State-Zip:	MIAMI FL 33136
Title	DIRECTOR
Name	STOWERS, KAREN
Address	900 NW 17TH STREET #348
City-State-Zip:	MIAMI FL 33136

Title	PRESIDENT
Name	ENGSTROM, KENNETH
Address	900 NW 17TH STREET #348
City-State-Zip:	MIAMI FL 33136
Title	DIRECTOR
Name	OLARTE, LUIS
Address	900 NW 17TH STREET #348
City-State-Zip:	MIAMI FL 33136
Title	SECRETARY
Name	JAMES, CAMPBELL
Address	900 NW 17TH STREET #348
City-State-Zip:	MIAMI FL 33136
Title	TREASURER
Name	LEVENSTON, JOEL
Address	900 NW 17TH STREET #348
City-State-Zip:	MIAMI FL 33136

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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

EXECUTIVE DIRECTOR

03/15/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name THOMPSON, HELENE
Address 900 NW 17TH STREET
#348
City-State-Zip: MIAMI FL 33136

Title DIRECTOR
Name GIMENEZ, ELBIO
Address 900 NW 17TH STREET
#348
City-State-Zip: MIAMI FL 33136

Title DIRECTOR
Name DE KLER, FELISA
Address 900 NW 17TH STREET
#348
City-State-Zip: MIAMI FL 33136

Title DIRECTOR
Name MONTES, ANTONIO
Address 900 NW 17TH STREET
#348
City-State-Zip: MIAMI FL 33136

Title VP
Name HILLIARD, ROBERT
Address 900 NW 17TH STREET
#348
City-State-Zip: MIAMI FL 33136

Title DIRECTOR
Name ESPERANZA, GOMEZ
Address 900 NW 17TH STREET
#348
City-State-Zip: MIAMI FL 33136

Title DIRECTOR
Name GENTILINI, ROBERT
Address 900 NW 17TH STREET
#348
City-State-Zip: MIAMI FL 33136

Title DIRECTOR
Name GALM, JUDY
Address 900 NW 17TH STREET #348
City-State-Zip: MIAMI FL 33136