

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702966

Entity Name: FLORIDA LIONS EYE BANK, INC.

Current Principal Place of Business:

900 NW 17TH STREET
#348
MIAMI, FL 33136

FILED
Apr 05, 2023
Secretary of State
1646248111CC

Current Mailing Address:

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

FEI Number: 59-0967012

Certificate of Status Desired: Yes

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

04/05/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	EXECUTIVE DIRECTOR	Title	PAST PRESIDENT
Name	FOUT, ELIZABETH	Name	WADE, GEOFF
Address	900 NW 17TH STREET #348	Address	900 NW 17TH STREET #348
City-State-Zip:	MIAMI FL 33136	City-State-Zip:	MIAMI FL 33136
Title	SECRETARY	Title	DIRECTOR
Name	JAMES, CAMPBELL	Name	STOWERS, KAREN
Address	900 NW 17TH STREET #348	Address	900 NW 17TH STREET #348
City-State-Zip:	MIAMI FL 33136	City-State-Zip:	MIAMI FL 33136
Title	TREASURER	Title	PRESIDENT
Name	LEVENSTON, JOEL	Name	THOMPSON, HELENE
Address	900 NW 17TH STREET #348	Address	900 NW 17TH STREET #348
City-State-Zip:	MIAMI FL 33136	City-State-Zip:	MIAMI FL 33136
Title	DIRECTOR	Title	DIRECTOR
Name	GIMENEZ, ELBIO	Name	ESPERANZA, GOMEZ
Address	900 NW 17TH STREET #348	Address	900 NW 17TH STREET #348
City-State-Zip:	MIAMI FL 33136	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

04/05/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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

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