

2015 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**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-CARAZA, ELIZABETH
900 N.W. 17 STREET
FLORIDA LIONS EYE BANK
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-CARAZA

04/23/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title V
Name ANDERSON, BLAIR
Address 413 BUTTONWOOD PLACE
City-State-Zip: BOCA RATON FL 33431

Title P
Name HILLIARD, ROBERT
Address 28700 TRAILS EDGE BLVD #303
City-State-Zip: BONITA SPRINGS FL 34134

Title IPP
Name PINKERTON, COLLEEN
Address 19705 WEST LAKE DRIVE
City-State-Zip: MIAMI FL 33015

Title VP
Name LETAKIS, GEORGE
Address 3415 WILLOW WOOD ROAD
City-State-Zip: LAUDERHILL FL 33319

Title ED
Name FOUT-CARAZA, ELIZABETH
Address 900 N.W. 17TH STREET #347
City-State-Zip: MIAMI FL 33135

Title TREASURER
Name SCHIFF, LARRY
Address 900 NW 17TH STREET
#347
City-State-Zip: MIAMI FL 33136

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-CARAZA**EXECUTIVE DIRECTOR**

04/23/2015

Electronic Signature of Signing Officer/Director Detail

Date