

2014 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
#347
MIAMI, FL 33136**Current Mailing Address:**900 NW 17TH STREET
#347
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:**_____
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	PRESIDENT
Name	PINKERTON, COLLEEN
Address	19705 WEST LAKE DRIVE
City-State-Zip:	MIAMI FL 33015

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

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

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

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****04/15/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date