

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702966

Entity Name: FLORIDA LIONS EYE BANK, INC.

FILED
Apr 02, 2024
Secretary of State
6853906059CC

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

04/02/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	EXECUTIVE DIRECTOR	Title	PRESIDENT
Name	FOUT, ELIZABETH	Name	MONTES, ANTONIO
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	VP	Title	TREASURER
Name	JAMES, CAMPBELL	Name	LEVENSTON, JOEL
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
Title	SECRETARY	Title	DIRECTOR
Name	DE KLER, FELISA	Name	GENTILINI, ROBERT
Address	900 NW 17TH STREET #348	Address	900 NW 17TH STREET #348
City-State-Zip:	MIAMI FL 33136	City-State-Zip:	MIAMI FL 33136

Continues on page 2

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

04/02/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name STOWERS, KAREN
Address 900 NW 17TH ST
STE 348
City-State-Zip: MIAMI FL 33136

Title DIRECTOR
Name SILVERNALE, JIM
Address 900 NW 17TH ST
STE 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 TRIANA, CATHY
Address 900 NW 17TH ST
STE 348
City-State-Zip: MIAMI FL 33136