

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702966

**FILED**  
**Apr 12, 2019**  
**Secretary of State**  
**8018142035CC**

**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

04/12/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EXECUTIVE DIRECTOR  
Name FOUT-CARAZA, ELIZABETH  
Address 900 NW 17TH STREET  
#348  
City-State-Zip: MIAMI FL 33136

Title VP  
Name ENGSTROM, KENNETH  
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 TREASURER  
Name OLARTE, LUIS  
Address 900 NW 17TH STREET  
City-State-Zip: MIAMI FL 33136

Title PRESIDENT  
Name CALLAHAN, NORMA PHD  
Address 900 NW 17TH STREET  
City-State-Zip: MIAMI FL 33136

Title VP  
Name SKUFE, JERRY  
Address 900 NW 17TH STREET  
City-State-Zip: MIAMI FL 33136

Title SECRETARY  
Name JAMES, CAMPBELL  
Address 900 NW 17TH STREET  
#348  
City-State-Zip: MIAMI FL 33136

Title VP  
Name STOWERS, KAREN  
Address 900 NW 17TH STREET  
#348  
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**

04/12/2019

Electronic Signature of Signing Officer/Director Detail

Date