

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 702966

**Entity Name:** FLORIDA LIONS EYE BANK, INC.

**FILED**  
**Apr 30, 2020**  
**Secretary of State**  
**4608450389CC**

**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**

**04/30/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	EXECUTIVE DIRECTOR	Title	PRESIDENT
Name	FOUT, ELIZABETH	Name	ENGSTROM, KENNETH
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	DIRECTOR
Name	WADE, GEOFF	Name	OLARTE, LUIS
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	IMMEDIATE PAST PRESIDENT	Title	SECRETARY
Name	CALLAHAN, NORMA PHD	Name	JAMES, CAMPBELL
Address	900 NW 17TH STREET	Address	900 NW 17TH STREET #348
City-State-Zip:	MIAMI FL 33136	City-State-Zip:	MIAMI FL 33136
Title	DIRECTOR	Title	TREASURER
Name	STOWERS, KAREN	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

**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**

**04/30/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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

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

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

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