

2020 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, 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
Name FOUT, ELIZABETH
Address 900 NW 17TH STREET
#348
City-State-Zip: MIAMI FL 33136

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

Title IMMEDIATE PAST PRESIDENT
Name CALLAHAN, NORMA PHD
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 DIRECTOR
Name STOWERS, KAREN
Address 900 NW 17TH STREET
#348
City-State-Zip: MIAMI FL 33136

Title TREASURER
Name LEVENSTON, JOEL
Address 900 NW 17TH STREET
#348
City-State-Zip: MIAMI FL 33136

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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