

**2016 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-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

04/15/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title PRESIDENT  
Name SCHIFF, LARRY  
Address 900 NW 17TH STREET  
#347  
City-State-Zip: MIAMI FL 33136

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

Title TREASURER  
Name WADE, GEOFF  
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

04/15/2016

Electronic Signature of Signing Officer/Director Detail

Date