

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000004764

**FILED**  
**Apr 13, 2016**  
**Secretary of State**  
**CC7217765266**

**Entity Name:** NORTH FLORIDA LIONS EYE FOUNDATION, INC.

**Current Principal Place of Business:**

C/O HORACE B STRICKLAND JR  
3422 SARA DR  
JACKSONVILLE, FL 322772527

**Current Mailing Address:**

C/O HORACE B STRICKLAND JR  
3422 SARA DR  
JACKSONVILLE, FL 322772527 US

**FEI Number:** 83-0432246

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HICE, SHERRY K  
10045 DELANO DR E  
JACKSONVILLE, FL 32257 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:** SHERRY K HICE

04/13/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name SMITH, BERTHA  
Address 3215 N EAST AVE  
City-State-Zip: PANAMA CITY FL 32405

Title DIRECTOR  
Name SCHULER, SHIRLEY  
Address 29 SE 48TH ST  
City-State-Zip: GAINESVILLE FL 32641

Title DIRECTOR, PRESIDENT  
Name RICHARDS, RICHARD W  
Address 1672 EL CAMINO RD  
APT 3  
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR  
Name GOLDEN, THOMAS  
Address 1203 TARPON LANE  
City-State-Zip: LADY LAKE FL 32159

Title DIRECTOR, SECRETARY  
Name STRICKLAND JR, HORACE B  
Address 3422 SARA DR  
City-State-Zip: JACKSONVILLE FL 322772527

Title DIRECTOR, TREASURER  
Name ESPOSITO, ANTHONY  
Address 4480 DEERWOOD LAKE PKWY UNIT  
636  
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR  
Name CLARK, ESTELLE  
Address 9335 SW 85TH ST UNIT E  
City-State-Zip: OCALA FL 34481

Title DIRECTOR  
Name GREER, ANN  
Address 1291 ST ANDREWS DR  
City-State-Zip: ROCKLEDGE FL 32955

*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:** HORACE B STRICKLAND JR

**SECRETARY**

04/13/2016

Electronic Signature of Signing Officer/Director Detail

Date