

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004764

FILED
May 03, 2013
Secretary of State
CC6534692029

Entity Name: NORTH FLORIDA LIONS EYE FOUNDATION, INC.

Current Principal Place of Business:

C/O WALTER MCLANAHAN
7812 BLAKEFORD MILL LN
JACKSONVILLE, FL 32256

Current Mailing Address:

C/O WALTER MCLANAHAN
7812 BLAKEFORD MILL LN
JACKSONVILLE, FL 32256

FEI Number: 83-0432246

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HICE, SHERRY K
2033 RALEY CREEK DR E
JACKSONVILLE, FL 32225 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title C
Name MCLANAHAN, WALTER
Address 7812 BLAKEFORD MILL LN
City-State-Zip: JACKSONVILLE FL 32256

Title D
Name STUART, JACK (BARBARA)
Address 10253 BRIARCLIFF RD E
City-State-Zip: JACKSONVILLE FL 32218

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

Title DV
Name WATSON, ROSEMARIE
Address 3927 NW 31ST TERR
City-State-Zip: GAINESVILLE FL 32605

Title D
Name RUBEL, JAMES P
Address 2033 RALEY CREEK DR E
City-State-Zip: JACKSONVILLE FL 32225

Title D
Name RICHARDS, RICHARD
Address 7812 BLAKEFORD MILL LN
City-State-Zip: JACKSONVILLE FL 32256

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: WALTER E MCLANAHAN

CHAIRMAN

05/03/2013

Electronic Signature of Signing Officer/Director Detail

Date