

2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05000004764

Entity Name: NORTH FLORIDA LIONS EYE FOUNDATION, INC.

FILED
Jul 26, 2013
Secretary of State
CC9621708956

Current Principal Place of Business:

C/O JAMES P RUBEL
2033 RALEY CREEK DRIVE E
JACKSONVILLE, FL 32225

Current Mailing Address:

C/O JAMES P RUBEL
2033 RALEY CREEK DR E
JACKSONVILLE, FL 32225 US

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

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

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

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

Title DIRECTOR
Name RICHARDS, RICHARD
Address 2033 RALEY CREEK DR E
City-State-Zip: JACKSONVILLE FL 32225

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

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: JAMES P RUBEL

CHAIRMAN

07/26/2013

Electronic Signature of Signing Officer/Director Detail

Date