2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004764

Entity Name: NORTH FLORIDA LIONS EYE FOUNDATION, INC.

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	Title	DIRECTOR
Name	STUART, JACK	Name	SMITH, BERTHA
Address	10253 BRIARCLIFF RD E	Address	3215 N EAST AVE
City-State-Zip:	JACKSONVILLE FL 32218	City-State-Zip:	PANAMA CITY FL 32405
Title	DIRECTOR, VP	Title	CHAIRMAN, PRESIDENT, SECRETARY
Name	SCHULER, SHIRLEY	Name	RUBEL, JAMES P
Address	29 SE 48TH ST	Address	2033 RALEY CREEK DR E
City-State-Zip:	GAINESVILLE FL 32641	City-State-Zip:	JACKSONVILLE FL 32225
Title	DIRECTOR	Title	DIRECTOR
Name	RICHARDS, RICHARD	Name	GOLDEN, THOMAS
Address	1672 EL CAMINO RD APT 3	Address	1203 TARPON LANE
City-State-Zip:	JACKSONVILLE FL 32216	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	PRESIDENT	04/28/2015
Electronic Signature of Signing Officer/Director Detail		Date