

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004764

FILED
May 01, 2024
Secretary of State
7669697957CC

Entity Name: NORTH FLORIDA LIONS EYE FOUNDATION, INC.

Current Principal Place of Business:

C/O ANTHONY ESPOSITO - ARLINGTON LIONS CLUB
6523 COMMERCE STREET
JACKSONVILLE, FL 32211

Current Mailing Address:

C/O ANTHONY ESPOSITO
6523 COMMERCE STREET
JACKSONVILLE, FL 32211 US

FEI Number: 83-0432246

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ESPOSITO, ANTHONY
4480 DEERWOD LAKE PKWY
UNIT 636
JACKSONVILLE, FL 32216 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: ANTHONY ESPOSITO

05/01/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name MOXLEY, DAVID
Address PO BOX 330114
City-State-Zip: ATLANTIC BEACH FL 32233

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 ESPOSITO, ANTHONY
Address 4480 DEERWOOD LAKE PKWY
UNIT 636
City-State-Zip: JACKSONVILLE FL 32211

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

Title DIRECTOR
Name MICHELSON, 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

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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: ANTHONY ESPOSITO

SECRETARY/TREASURER

05/01/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR

Name JONES, JANICE

Address 6206 HOLLY BAY DRIVE

City-State-Zip: JACKSONVILLE FL 32211