

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000010355

FILED
Feb 28, 2020
Secretary of State
3361195638CC

Entity Name: FLORIDA LIONS DIABETIC RETINOPATHY FOUNDATION, INC.

Current Principal Place of Business:

7200 LAKE ELLENOR DRIVE, SUITE 109
ORLANDO, FL 32809-5786

Current Mailing Address:

PO BOX 1407
DELAND, FL 32721 US

FEI Number: 47-1711160

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CALLAHAN, NORMAN
513 N STONE STREET
DELAND, FL 32720 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 CEO
Name CALLAHAN, NORMA
Address 513 N STONE STREET
City-State-Zip: DELAND FL 32720

Title TREASURER
Name HARDACRE, GARY
Address 13321 NW 146 AVENUE
City-State-Zip: ALACHUA FL 32615

Title DIRECTOR
Name KAUSHAL, SHALESH
Address 6205 NW 81ST AVENUE
City-State-Zip: GAINESVILLE FL 32653

Title DIRECTOR
Name MESSER, ROGER
Address 1172 SW MIRROR LAKE COVE
City-State-Zip: PORT ST LUCIE FL 34986

Title PRESIDENT
Name RUMOLD, ERICK
Address 11780 OCEANSPRAY BLVD
City-State-Zip: ENGLEWOOD FL 34224

Title VP, 1ST
Name MESSER, BETSEY
Address 1172 SW MIRROR LAKE COVE
City-State-Zip: PORT ST. LUCIE FL 34986

Title VP, 2ND
Name CASTILLO, DIANA
Address PO BOX 432579
City-State-Zip: MIAMI FL 33243

Title SECRETARY
Name EBERLE, DARCY
Address 95 STANDISH DRIVE
City-State-Zip: ORMOND BEACH FL 32176

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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: GARY HARDACRE

TREASURER

02/28/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GRANT, GEORGANN
Address 18118 NW 250 TERRACE
City-State-Zip: HIGH SPRINGS FL 32643

Title DIRECTOR
Name CAMERON, JACKIE
Address 2916 CLOVERFIELD LANE
City-State-Zip: VALRICO FL 33596

Title DIRECTOR
Name LEVENSTON, JOEL
Address 622 HATTERAS COURT SW
City-State-Zip: VERO BEACH FL 32968