

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000010355

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	PRESIDENT
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	HYATT, RUTH
Address	8 WINDSOR COURT
City-State-Zip:	ORMOND BEACH FL 32174

Title	DIRECTOR
Name	JONES, STACEY
Address	19140 NW 22ND PLACE
City-State-Zip:	MIAMI FL 33056

Title	2ND VICE PRESIDENT
Name	KAUSHAL, SHALESH
Address	6205 NW 81ST AVENUE
City-State-Zip:	GAINESVILLE FL 32653

Title	1ST VICE PRESIDENT
Name	LEVENSTON, JOEL
Address	622 HATTERAS COURT SW
City-State-Zip:	VERO BEACH FL 32968

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

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

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

02/17/2015

Electronic Signature of Signing Officer/Director Detail_____
Date