

2022 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	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	SECRETARY
Name	EBERLE, DARCY
Address	95 STANDISH DRIVE
City-State-Zip:	ORMOND BEACH FL 32176

Title	VP, 1ST
Name	GRANT, GEORGANN
Address	18118 NW 250 TERRACE
City-State-Zip:	HIGH SPRINGS FL 32643

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

Title	PRESIDENT
Name	COLONA, JANE
Address	4000 NE 168 STREET
City-State-Zip:	N MIAMI BEACH FL 33160

Title	DIRECTOR
Name	LUNDSFORD, HANK
Address	2992 GREENBRIAR STREET
City-State-Zip:	SARASOTA FL 34237

Title	DIRECTOR
Name	LANGELLO, JOE
Address	PO BOX 2365
City-State-Zip:	FLAGLER BEACH FL 32136

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****04/11/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date