

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000010355

Entity Name: FLORIDA LIONS DIABETIC RETINOPATHY FOUNDATION, INC.

FILED
Apr 11, 2022
Secretary of State
0233900724CC

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