

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000010355

**Entity Name:** FLORIDA LIONS DIABETIC RETINOPATHY FOUNDATION, INC.

**FILED**  
**Apr 01, 2023**  
**Secretary of State**  
**2059791653CC**

**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 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

Title VP, 1ST  
Name NORTON, STEVE  
Address 4780 N WILLIAMS AVENUE  
City-State-Zip: CRYSTAL RIVER FL 34428

Title VP, 2ND  
Name MAVOR, TOM  
Address 7007 CARNALWOOD LANE  
City-State-Zip: LAND O LAKES FL 34637

Title SECRETARY  
Name CHEH, BOBBIE  
Address 36 KATHY DRIVE  
City-State-Zip: ORMOND BEACH FL 32176

**Continues on page 2**

*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**

**04/01/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR

Name MAGUIRE, PAT

Address 240 CYPRESS WAY WEST

City-State-Zip: NAPLES FL 34110