

2023 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 PRESIDENT
Name COLONA, JANE
Address 4000 NE 168 STREET
City-State-Zip: N MIAMI BEACH FL 33160

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

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

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

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

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

Title SECRETARY
Name CHEH, BOBBIE
Address 36 KATHY 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****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