

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000944

Entity Name: BROWARD COUNTY EYE FOUNDATION, INC.**Current Principal Place of Business:**

C/O MCFATTER TECHNICAL COLLEGE
OPTOMETRIC ASSISTANT PROGRAM 6500 NOVA DRIVE
DAVIE, FL 33317

Current Mailing Address:

C/O MCFATTER TECHNICAL COLLEGE
OPTOMETRIC ASSISTANT PROGRAM 6500 NOVA DRIVE
DAVIE, FL 33317 US

FEI Number: 65-0622742**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

STRUMSKI, MARGARET A OD
2640 MCKINLEY ST.
HOLLYWOOD, FL 33020 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: MARGARET A STRUMSKI

01/30/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER, DIRECTOR
Name STRUMSKI, MARGARET A OD
Address 2640 MCKINLEY ST.
City-State-Zip: HOLLYWOOD FL 33020

Title EXECUTIVE SECRETARY
Name BRAUSS, SANDRA LDO
Address 2301 WILTON DR., UNIT C
City-State-Zip: WILTON MANORS FL 33305

Title DIRECTOR
Name BRAUSS, JAMES R OD
Address 2301 WILTON DR., UNIT C
City-State-Zip: WILTON MANORS FL 33305

Title PRESIDENT
Name MARTINEZ, RICHARD LDO
Address 6500 NOVA DR
City-State-Zip: DAVIE FL 33317

Title VP
Name AMMANN, JOHN
Address 6800 NW 23RD TERRACE
City-State-Zip: FT. LAUDERDALE FL 33309-1408

Title DIRECTOR
Name REYNOLDS, THERESA SCHOOL
SOCIAL WORKER
Address BROWARD COUNTY SCHOOLS
STUDENT SERVICES
1400 NW 14TH COURT BUILDING 1,
ROOM 106
City-State-Zip: FT. LAUDERDALE FL 33311

Title DIRECTOR
Name NEHMAD, LEON OD
Address NOVA SOUTHEASTERN OPTOMETRY
SCHOOL
32 S. UNIVERSITY DRIVE
City-State-Zip: FT. LAUDERDALE FL 33328

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: MARGARET A. STRUMSKI, OD**TREASURER**

01/30/2017

Electronic Signature of Signing Officer/Director Detail

Date