

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702966

FILED
Apr 11, 2007
Secretary of State

Entity Name: FLORIDA LIONS EYE BANK, INC.

Current Principal Place of Business:

900 NW 17TH ST
MIAMI, FL 33136 US

New Principal Place of Business:

Current Mailing Address:

131C
BOX 016880 (ZIP 33101)
MIAMI, FL 331016880 US

New Mailing Address:

FEI Number: 59-0967012 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOUT-CARAZA, ELIZABETH
900 N.W. 17 STREET
FLORIDA LIONS EYE BANK
MIAMI, FL 33136 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARTHUR, WILLIAM
Address: 4200 22ND PLACE SW
City-St-Zip: NAPLES, FL 34116

Title: V () Delete
Name: VIDAL, RICHARD M
Address: 6895 PINEHURST DRIVE
City-St-Zip: MIAMI, FL 33015

Title: V () Delete
Name: SWEENEY, WILLIAM
Address: 1401 E. ATLANTA BLVD. SUITE A
City-St-Zip: POMPANO BEACH, FL 33060

Title: V () Delete
Name: HARE, GORDON
Address: 4873 REGAL DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: S () Delete
Name: JONES, STACEY
Address: 19140 SW 22ND PLACE
City-St-Zip: MIAMI, FL 33056

Title: T () Delete
Name: FIGUERAS, LUIS
Address: 5151 COLLINS AVENUE APT#623
City-St-Zip: MIAMI, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VIDAL, RICHARD M
Address: 6895 PINEHURST DRIVE
City-St-Zip: MIAMI, FL 33015

Title: V (X) Change () Addition
Name: HARE, GORDON
Address: 4873 REGAL DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: JONES, STACEY
Address: 19140 SW 22ND PLACE
City-St-Zip: MIAMI, FL 33056

Title: S (X) Change () Addition
Name: ROSA, GALLIANI
Address: 4851 NW 99TH COURT
City-St-Zip: DORAL, FL 33178

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ELIZABETH FOUT-CARAZA

ED

04/11/2007

Electronic Signature of Signing Officer or Director

Date