

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704160 (1)

1. Corporation Name

NORTH FLORIDA LIONS EYE BANK, INC.



Principal Place of Business

Mailing Address

805 NW 13TH ST
GAINESVILLE FL 32601

805 NW 13TH ST
GAINESVILLE FL 32601

3. Date Incorporated or Qualified
06/12/1962

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

2a. Mailing Address

21 1235 San Marco

26 1235 San Marco

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 201

27 Suite 201

City & State

City & State

23 Jacksonville, FL

28 Jacksonville, FL

Zip

Country

Zip

Country

24 32207

25

29 32207

30

4. FEI Number
59-0976326

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROWLEY, GAIL
805 NW 13TH ST
GAINESVILLE FL 32601

81 Name
Jane Kersch
82 Street Address (P.O. Box Number is Not Acceptable)
1235 San Marco
83 Suite 201
84 City
Jacksonville FL 85 Zip Code
32207

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Jane Kersch
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-22-96
DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE
NAME SMALT, VERNE
STREET ADDRESS 688 NE 165 TER
CITY-ST-ZIP SILVER SPRINGS FL

TITLE TD ☐ DELETE
NAME PETERS, BILL
STREET ADDRESS ROUTE 2, BOX 49
CITY-ST-ZIP INTERLACHEN FL

TITLE PD ☐ DELETE
NAME FORREST, WILLIAM
STREET ADDRESS 11676 108 SE TERR RD
CITY-ST-ZIP CANDLER FL

TITLE VPD ☐ DELETE
NAME SMITH, BERTHA
STREET ADDRESS 3215 NORTH EAST AVENUE
CITY-ST-ZIP PANAMA CITY FL

TITLE ED ☐ DELETE
NAME KIRSCH, JANE
STREET ADDRESS 805 NW 13TH ST
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 200001780872
4.4 CITY-ST-ZIP 04/15/96--01080--027

5.1 TITLE ***\$61.25 ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jane Kersch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JANE KIRSCH, EXC. DIR

1-22-96 904 346 0222
Date Daytime Phone #

CR2E037 (12/95)

4-14-96