


FILE NOW: FILING FEE IS \$61.25

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May 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **704160** (1)

1. Corporation Name

**NORTH FLORIDA LIONS EYE BANK, INC.**



Principal Place of Business <b>1235 SAN MARCO SUITE 201 JACKSONVILLE FL 32207</b>	Mailing Address <b>1235 SAN MARCO SUITE 201 JACKSONVILLE FL 32207-8554</b>
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3. Date Incorporated or Qualified <b>06/12/1962</b>	3a. Date of Last Report <b>04/15/1996</b>
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number <b>59-0976326</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KIRSCH, JANE 1235 SAN MARCO SUITE 201 JACKSONVILLE FL 32207</b>	
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10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code
	<b>FL</b>

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SMALT, VERNE</b>
STREET ADDRESS	<b>688 NE 165 TER</b>
CITY-ST-ZIP	<b>SILVER SPRINGS FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>PETERS, BILL</b>
STREET ADDRESS	<b>ROUTE 2, BOX 49</b>
CITY-ST-ZIP	<b>INTERLACHEN FL</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>FORREST, WILLIAM</b>
STREET ADDRESS	<b>11678 108 SE TERR RD</b>
CITY-ST-ZIP	<b>CANDLER FL</b>
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE
NAME	<b>SMITH, BERTHA</b>
STREET ADDRESS	<b>3215 NORTH EAST AVENUE</b>
CITY-ST-ZIP	<b>PANAMA CITY FL</b>
TITLE	<b>ED</b> <input type="checkbox"/> DELETE
NAME	<b>KIRSCH, JANE</b>
STREET ADDRESS	<b>805 NW 13TH ST</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>1ST VICE PRES / DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>DAVE DICKINSON</b>
1.3 STREET ADDRESS	<b>1651 W. SCHWARTZ BLVD</b>
1.4 CITY-ST-ZIP	<b>LADY LAKE FL 32159</b>
2.1 TITLE	<b>PRESIDENT / DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>SECRETARY / DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>MARIONA STUART</b>
3.3 STREET ADDRESS	<b>10253 BRIAN CLIFF RD E</b>
3.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32218</b>
4.1 TITLE	<b>IMMEDIATE PAST PRES / DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>174 SOLANO CAY CIRCLE</b>
5.4 CITY-ST-ZIP	<b>PONTE VEDRA BEACH, FL 32082</b>
6.1 TITLE	<b>TREASURER / DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>ROBAT RESPER</b>
6.3 STREET ADDRESS	<b>25355 WEST NEWBERRY ROAD</b>
6.4 CITY-ST-ZIP	<b>NEWBERRY FL 32669</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Kirsch **JANE KIRSCH** 4/25/97 904-346-0222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0004792

CR2E037 (9/96)