


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90153 044 ****61.25

0004665

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 704160

1. Corporation Name

NORTH FLORIDA LIONS EYE BANK, INC.

Principal Place of Business

Mailing Address

1235 SAN MARCO
SUITE 201
JACKSONVILLE FL 32207

1235 SAN MARCO
SUITE 201
JACKSONVILLE FL 32207



2. Principal Place of Business

21 Same

Suite, Apt. #, etc.

22 304

City & State

23 Same

Zip

24 Same

Country

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 304

City & State

28 Same

Zip

29 Same

Country

30

3. Date Incorporated or Qualified

06/12/1962

4. FEI Number

59-0976326

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

KIRSCH, JANE
1235 SAN MARCO
SUITE 201 304
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD ☒ DELETE
NAME DICKINSON, DAVE
STREET ADDRESS 1651 W SCHWARTZ BLVD
CITY-ST-ZIP LADY LAKE FL

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

TITLE SD ☒ DELETE
NAME STAURT, BARBARA
STREET ADDRESS 10253 BRIAR CLIFF RD E
CITY-ST-ZIP JACKSONVILLE 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 174 SOLANO CAY CIRCLE
CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE TD ☐ DELETE
NAME RESPESS, ROBERT
STREET ADDRESS 25355 WEST NEWBERRY ROAD
CITY-ST-ZIP NEWBERRY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition
1.2 NAME TOM GOLDEN
1.3 STREET ADDRESS 1203 TARPON LANE
1.4 CITY-ST-ZIP LADY LAKE FL 32159

2.1 TITLE 1st VP ☐ Change ☒ Addition
2.2 NAME HARRY WAGNER
2.3 STREET ADDRESS 13659 DUNN CREEK RD
2.4 CITY-ST-ZIP JACKSONVILLE FL 32218

3.1 TITLE SECRETARY ☐ Change ☒ Addition
3.2 NAME DORIS TURLO
3.3 STREET ADDRESS 706 PRADO DR
3.4 CITY-ST-ZIP LADY LAKE FL 32159

4.1 TITLE DIST. F VP ☐ Change ☒ Addition
4.2 NAME JOSEPH COLLINS
4.3 STREET ADDRESS 6354 Hwy 90
4.4 CITY-ST-ZIP GRAND RIDGE FL 32442

5.1 TITLE ☐ 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-99

Date

904 346 0222

Daytime Phone #

CR2E037 (11/98)