

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704160

FILED
Jun 03, 2004
Secretary of State**Entity Name:** NORTH FLORIDA LIONS EYE BANK, INC.**Current Principal Place of Business:**1235 SAN MARCO
STE 304
JACKSONVILLE, FL 32207**New Principal Place of Business:**11221 ST JOHNS INDUSTRIAL PARKWAY SOUTH
STE 6
JACKSONVILLE, FL 32246**Current Mailing Address:**1235 SAN MARCO
STE 304
JACKSONVILLE, FL 32207**New Mailing Address:**11221 ST JOHNS INDUSTRIAL PKWY S
STE 6
JACKSONVILLE, FL 32246**FEI Number:** 59-0976326**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SIERRA, DAVID
1235 SAN MARCO
STE 304
JACKSONVILLE, FL 32207 US**Name and Address of New Registered Agent:**MCLANAHAN, WALTER
7812 BLAKEFORD MILL LANE
JACKSONVILLE, FL 32256 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: WALTER MCLANAHAN

06/03/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** COBD () Delete
Name: WAGNER, HARRY J
Address: 13659 DUNN CREEK RD
City-St-Zip: JACKSONVILLE, FL 32218**Title:** DPP () Delete
Name: DICKINSON, DAVID
Address: 1651 W. SCHWARTZ BLVD
City-St-Zip: LADY LAKE, FL 32159**Title:** DPDG () Delete
Name: SMITH, BERTHA
Address: 3215 N EAST AVE
City-St-Zip: PANAMA CITY, FL 32405**Title:** DMD () Delete
Name: ADAMS, CHARLES P
Address: 1034 RIVERSIDE AV
City-St-Zip: JACKSONVILLE, FL 32204**Title:** DMD () Delete
Name: BOWDEN, FRANK W III
Address: 1235 SAN MARCO BLVD #404
City-St-Zip: JACKSONVILLE, FL 32207**Title:** D () Delete
Name: ARNOLD, JIM
Address: 1129 LAKE ELLA RD
City-St-Zip: FRUITLAND PARK, FL 34731**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** COBD (X) Change () Addition
Name: MCLANAHAN, WALTER
Address: 7812 BLAKEFORD MILL LANE
City-St-Zip: JACKSONVILLE, FL 32256**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**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 Section 119.07(3)(i), 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: RAYMOND J BROCK

BD

06/03/2004

Electronic Signature of Signing Officer or Director

Date