FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

CITY-ST-ZIP

716755

(4)

BROWARD LIONS EYE FOUNDATION, INC.

Principal Place of Business		Mailing Address					"		11111 01	
4640 EL MAR (OR.	4640 EL MAR I	4640 EL MAR DR.				3. Date Incorporated or Qualified			
LAUDERDALE BY THE SEA FL 33308 LAUDERDALE BY T			BY THE SEA FL	THE SEA FL 33308			06/17/1969			
							4. FEI Number		A	oplied For
							23-7036268		No	ot Applicable
2. Principal P	ace of Business	2a. Mailing Ad	ddres s				5. Certificate of Status Desired	\$8	.75	Additional
21		26					or community of classics and a			equired
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing			May Be
City & State	α	City & Sta	City & State				Trust Fund Contribution			o Fees
23		28					7. Is this nonprofit corporation a homeov			111.
Zip	Country	Zip		Country	,		8. This corporation owes or has paid the			tangible
24	25	25 29 30		أ			Personal Property Tax due June 30. Yes No			
	9. Name and Address of Curre	nt Registered Ager	nt				10. Name and Address of New Registe	red Agent	:	
				B1	Nam	0				
FORREST, JOHN R.				82	Stree	et Addre	ss (P.O. Box Number is Not Acceptable)			• • •
4640 EL	MAR DR.									
LAUDER	DALE BY THE SEA FL 33308			83						
				84	City	····		— 85	Zip	Code
4 6	46-4705	00 4 047 4500 51						FL O		la ragistarad
office or re	to the provisions of Sections 617.05 egistered agent, or both, in the State	e of Florida, Such ch	orida Statutes, i nange was auth	orized by	e-name / the ca	ea corpo orporatio	pration submits this statement for the purpor on's board of directors. I hereby accept the	appointm	ging ii ent as	registered registered
agent. I a	m familiar with, and accopt the obliq	gations of, Section 6	17.0503, Florida	a Statutes	S.					
SIGNATURE _	Stanature, typed or printed name of registered ac	oent and title if applicable	(NOTE: Flo	oistered Apo	Innaia Ins	ura required	d when reinstating) DA	TE	····-	
12.		ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS		:CTOF	RS IN 12
TITLE	P/D		DELETE	1.1 TITLE				C	hange	☐ Addition
NAME	PEARSON,NELS			1.2 NAME						
STREET ADDRESS	3100 NE 49TH TERR			1.3 STREET	ADDRES	s				
CITY-ST-ZIP	FT.LAUDERDALE FL			1.4 City-S	T - ZIP	<u> </u>				
TITLE	D	L	DELETE	2.1 TITLE				LJ C	nange	Addition
NAME	SAN MIGUEL, MICHAEL		,	2.2 NAME						
STREET ADDRESS	4442 SEA GRAPE DR			2.3 STREET		S				
CITY-ST-ZIP	LAUDERDALE BY SEA FL		DELETE	2. 4 CITY-5	ST-ZIP					1.4490
TITLE	D DELETE		DELETE	3.1 Title					hange	Addition
NAME	NELS PEARSON			3.2 NAME						
STREET ADDRESS	3100 NE 49TH TERR			3.3 STREET		s				
CITY-ST-ZIP	FT.LAUDERDALE FL	·····	DELETE	3.4. CITY - 5 4.1 TITLE	51-ZIP	+			hanne	Addition
TITLE	TD	U	VLCLIL	4.1 111LE 4.2 NAME					ra i Ho	
NAME	FORREST, JOHN R.				400000					
STREET ADDRESS	4640 EL MAR DR LAUDERDALE BY THE SEA F	- 1		4.3 STREET		°				
CITY-ST-ZIP TITLE	LAUDENDALE DI THE SEAT		DELETE	4.4 CITY - S 5.1 TITLE	1 - 212	+-		☐ CI	hange	Addition
NAME		Ľ	-1111	5.2 NAME		İ			Bo	
STREET ADDRESS				5.3 STREET	ADDRES					
				5.4 CITY-S		<u> </u>				
CITY-ST-ZIP TITLE			DELETE	6.1 TITLE	1-21F	+		CI	hange	Addition
NAME		_		6.2 NAME					•	
CTREET ANDRECC				6.2 STREET	ABBRES	.				

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. 11/2/60

FILED

Apr 13 1998 8:00am

Secretary of State