2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT #716755

1. Entity Name

LAUDERDALE BY THE SEA LIONS EYE FOUNDATION, INC.



Principal Place of Business

Mailing Address

4442 SEA GRADE DR.

LAUDERDALE BY THE SEA, Ft. 33308 U

4442 SEA GRADE DR.

LAUDERDALE BY THE SEA, FL 33308 U

FILED
Jul 11, 2008 08:00 AM
Secretary of State



07082008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 23-7036268

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAN MIGUEL, MIKE 4442 SEAGRAPE DR. LAUDERDALE BY THE SEA, FL 33308

3100 NE 49TH TERR

FT.LAUDERDALE, FL

7045 NW 72ND TERRACE

BOCA RATON, FL 33487

ZIO, JOHN DEL

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	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	d office or r	egistered agent, or b	ooth, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and lit	le if applicable. (NOTE: Registered	Agent signature	a required when reinstating)	DATE		
D	Filing Fee is \$61.25 ue by September 12, 2008	Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECTORS						
TITLE	P/D						
NAME	PEARSON,NELS 3100 NE 49TH TERR						
STREET ADDRESS							
CITY-ST-ZIP	FT.LAUDERDALE, FL			110,00,00,00,00			
TITLE	D				U00000954311		
NAME	SAN MIGUEL, MICHAEL			07/11/08-80007-022 61.25			
STREET ADDRESS	4442 SEA GRAPE DR						
CITY-ST-ZIP	LAUDERDALE BY SEA, FL						
TITLE	D			·			
NAME	NELS PEARSON						

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental 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 frusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my came appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CICAIATUDE.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

Man Mignel

TREAS,

July 9, 2008