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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



A DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 735477

1. Corporation Name

HUGO SCHIMEK MEMORIAL EYE FOUNDATION, INC.

Principal Place of Business

2410 WEST PLAZA DRIVE
 TALLAHASSEE FL 32303

Mailing Address

C/O SCHIMEK, R., M.D.
 4224 HOUMA BLVD STE 110
 METAIRIE LA 70118
 US



| | | | | | |
|--------------------------------|--|---------------------|--|-----------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 04/05/1976 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-1694261 | |
| City & State | | City & State | | 5. Certificate of Status Desired | |
| 23 | | 28 | | X \$8.75 Additional Fee Required | |
| Zip | | Country | | 6. Election Campaign Financing | |
| 24 | | 25 | | Trust Fund Contribution | |
| 29 | | 30 | | □ \$5.00 May Be Added to Fees | |

9. Name and Address of Current Registered Agent

DAVIDSON, GENE L.
 2410 WEST PLAZA DRIVE
 TALLAHASSEE FL 32303

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 |

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 | PDM | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| NAME | SCHIMEK, M.D., ROBERT A | 1.1 TITLE | D | | |
| STREET ADDRESS | 4224 HOUMA BLVD. | 1.2 NAME | JOSEPH YOUNG | | |
| CITY-ST-ZIP | METAIRIE LA | 1.3 STREET ADDRESS | 4100 St. Charles Ave. | | |
| | | 1.4 CITY-ST-ZIP | New Orleans, La. 70115 | | |
| TITLE | D | 2.1 TITLE | D | | |
| NAME | SLATTEN, CECILIA | 2.2 NAME | DENISE VILLERE | | |
| STREET ADDRESS | 203 WALNUT STREET | 2.3 STREET ADDRESS | 6506 Oakland Drive | | |
| CITY-ST-ZIP | NEW ORLEANS LA | 2.4 CITY-ST-ZIP | New Orleans, La. 70118 | | |
| TITLE | DC | 3.1 TITLE | VD | | |
| NAME | SCHIMEK, WILMA | 3.2 NAME | SUSIE NELSON | | |
| STREET ADDRESS | 1823 PRYTANIA STREET | 3.3 STREET ADDRESS | 300 Lake Marina Dr., Apt. 17H | | |
| CITY-ST-ZIP | NEW ORLEANS LA | 3.4 CITY-ST-ZIP | New Orleans, La. 70124 | | |
| TITLE | DC | 4.1 TITLE | | | |
| NAME | DAVIDSON, GENE L. | 4.2 NAME | | | |
| STREET ADDRESS | 2410 W. PLAZA DRIVE | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | TALLAHASSEE FL | 4.4 CITY-ST-ZIP | | | |
| TITLE | TDS | 5.1 TITLE | | | |
| NAME | BOURGEOIS, ELEANOR (MRS) | 5.2 NAME | | | |
| STREET ADDRESS | 1369 CHEROKEE STREET | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | METAIRIE LA | 5.4 CITY-ST-ZIP | | | |
| TITLE | VD | 6.1 TITLE | | | |
| NAME | NELSON, ROY | 6.2 NAME | | | |
| STREET ADDRESS | 300 LAKE MARINA DR. | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | NEW ORLEANS LA | 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-26-99 504.4568111

CR2E037 (11/98)