

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED

Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000003512

1. Entity Name
THE BERNADOTTE FOUNDATION FOR CHILDREN'S
EYECARE, INC.



Principal Place of Business
C/O NEW YORK CRUISE LINES, INC.
PIER 83, WEST END OF 42ND STREET
NEW YORK, NY 10036

Mailing Address
C/O NEW YORK CRUISE LINES, INC.
PIER 83, WEST END OF 42ND STREET
NEW YORK, NY 10036



04012005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
13-3747789

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EISENBERG, STEVEN E ESQ.
3109 STIRLING ROAD SUITE 101
FT. LAUDERDALE, FL 33312

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ANDREN, KARL G 18 CROWN LANE GREENWICH, CT 06831
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VV CLARK, HOWARD L JR. 404 ROUND HILL ROAD GREENWICH, CT 06831
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILLIAMS, P. WHITRIDGE JR. 45 EAST 85TH STREET APT. 2E NEW YORK, NY 10028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STERN, ANN 29 PINE RIDGE ROAD GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, PETER W ESQ 29142 BELCHESTER ROAD KENNEDYVILLE, MD 21645
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD JOHNSON BAKER, MARIANNA 830 PARK AVE., APT. 6C NEW YORK, NY 10021

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04/21/05-80052-001 61.25

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12. 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 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ann Stern ANN STERN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/04/05 203-661-3376
Date Daytime Phone #