

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003512

FILED  
Aug 06, 2009  
Secretary of State

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

**Current Principal Place of Business:**

363 CANAL STREET  
SUITE #3  
NEW YORK, NY 10013

**New Principal Place of Business:**

C/O CONDON O'MEARA MCGINTY & DONNELLY LLP  
ONE BATTERY PARK PLAZA-7TH FLOOR  
NEW YORK, NY 10004

**Current Mailing Address:**

363 CANAL STREET  
SUITE #3  
NEW YORK, NY 10013

**New Mailing Address:**

C/O CONDON O'MEARA MCGINTY & DONNELLY LLP  
ONE BATTERY PARK PLAZA-7TH FLOOR  
NEW YORK, NY 10004

**FEI Number:** 13-3747789 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: LESTERS, GARFINKEL  
Address: 10 WEST 88TH STREET APT 9D  
City-St-Zip: NEW YORK, NY 10023

Title: D ( ) Delete  
Name: MILLER, MARILYN  
Address: UIC BYE CENTER  
City-St-Zip: CHICAGO, IL 60612

Title: DS ( ) Delete  
Name: WILLIAMS, P. WHITRIDGE JR.  
Address: 45 EAST 85TH STREET APT. 2E  
City-St-Zip: NEW YORK, NY 10028

Title: AT ( ) Delete  
Name: ANDREN, LOUISE  
Address: 18 CROWN LN  
City-St-Zip: GREENWICH, CT 06831

Title: DP ( ) Delete  
Name: NORMAN, KENNETH R  
Address: 175 EAST DELAWARE PLACE, APT 5012  
City-St-Zip: CHICAGO, IL 60611

Title: CEOD ( ) Delete  
Name: JOHNSON BAKER, MARIANNA  
Address: 830 PARK AVE., APT. 6C  
City-St-Zip: NEW YORK, NY 10021

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: GARFINKEL, LESTER  
Address: 10 WEST 88TH STREET APT 9D  
City-St-Zip: NEW YORK, NY 10023

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
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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 exemption stated 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 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: LESTER GARFINKEL

T

08/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date