

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90103 029 \*\*\*\*61.25

**DOCUMENT # N01000001044**

1. Entity Name  
**PALM BEACH EYE FOUNDATION, INC.**



Principal Place of Business  
**2889 10TH AVENUE NORTH  
LAKE WORTH, FL 33461**

Mailing Address  
**2889 10TH AVENUE NORTH  
LAKE WORTH, FL 33461**

**50050422**



01212005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1076165**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**COTTMAN, TOM  
2889 10TH AVE N.  
SUITE 306  
LAKE WORTH, FL 33461**

**DO NOT WRITE  
IN THIS SPACE**

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	<b>PDD COFFMAN, TOM 2839 10TH AVE N LAKE WORTH, FL 33461</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SDD COFFMAN, MADONNA 2889 10TH AVE N LAKE WORTH, FL 33461</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D Fouer, Ileana 2889 10th Ave N Lake Worth, FL 33461</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/28/05 561-227-3101**