

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

05-21-2007 90057 019 \*\*\*\*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**

40117104



**DO NOT WRITE IN THIS SPACE**

01092007 No Chg-NP CR2E037 (4/06)

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, 2007**

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  
**PDD  
COFFMAN, TOM  
2839 10TH AVE N  
LAKE WORTH, FL 33461**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SDD  
COFFMAN, MADONNA  
2889 10TH AVE N  
LAKE WORTH, FL 33461**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FOUER, ILEANA  
2889 10TH AVE N  
LAKE WORTH, FL 33461**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 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:

*Madonna K. Coffman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5-16-07* *561-227-3104*  
Date Daytime Phone #