

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004764

FILED
Jan 28, 2008
Secretary of State

Entity Name: NORTH FLORIDA LIONS EYE FOUNDATION, INC.

Current Principal Place of Business:

C/O WALTER MELANAHAN
7812 BLAKEFORD MILL LN.
JACKSONVILLE, FL 32256

New Principal Place of Business:

C/O WALTER MCLANAHAN
7812 BLAKEFORD MILL LN.
JACKSONVILLE, FL 32256

Current Mailing Address:

C/O WALTER MELANAHAN
7812 BLAKEFORD MILL LN.
JACKSONVILLE, FL 32256

New Mailing Address:

C/O WALTER MCLANAHAN
7812 BLAKEFORD MILL LN.
JACKSONVILLE, FL 32256

FEI Number: 83-0432246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, CRAIG F
317 NE FIRST ST.
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

HICE, SHERRY K
11640 RIDE WAY
JACKSONVILLE, FL 32223 US

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: SHERRY K HICE

01/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: MELANAHAN, WALTER
Address: 7812 BLAKEFORD MILL LN.
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: CUMMINS, NANCY
Address: 313 SOMERSET BRIDGE RD.
City-St-Zip: SEACROVE BEACH, FL 32459

Title: D () Delete
Name: SMITH, BERTHA
Address: 3215 N. EAST AVE.
City-St-Zip: PANAMA CITY, FL 32405

Title: DVC () Delete
Name: WATSON, ROSE MARIE
Address: 3927 NW. 31ST TERR
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: GOLDEN, THOMAS
Address: 1203 TARPON LANE
City-St-Zip: LADY LAKE, FL 32159

Title: D (X) Delete
Name: HALL, CRAIG
Address: 317 NE 1ST STREET
City-St-Zip: GAINESVILLE, FL 22601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: MCLANAHAN, WALTER
Address: 7812 BLAKEFORD MILL LN.
City-St-Zip: JACKSONVILLE, FL 32256

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

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

Title: DV (X) Change () Addition
Name: WATSON, ROSE MARIE
Address: 3927 NW. 31ST TERR
City-St-Zip: GAINESVILLE, FL 32605

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: WALTER MCLANAHAN

C

01/28/2008

Electronic Signature of Signing Officer or Director

Date