2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2012
Secretary of State

DOCUMENT# N05000004764

Entity Name: NORTH FLORIDA LIONS EYE FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 83-0432246 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HICE, SHERRY K
2033 RALEY CREEK DR E
JACKSONVILLE, FL 32225 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: C
Name: MCLANAHAN, WALTER
Address: 7812 BLAKEFORD MILL LN
City-St-Zip: JACKSONVILLE, FL 32256

Title: D
Name: STUART, JACK (BARBARA)
Address: 10253 BRIARCLIFF RD E
City-St-Zip: JACKSONVILLE, FL 32218

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

Title: DV
Name: WATSON, ROSEMARIE
Address: 3927 NW 31ST TERR
City-St-Zip: GAINESVILLE, FL 32605

Title: D
Name: RUBEL, JAMES P
Address: 2033 RALEY CREEK DR E
City-St-Zip: JACKSONVILLE, FL 32225

Title: D
Name: MASON, MICHAEL C
Address: POST OFFICE BOX 1828
City-St-Zip: SILVER SPRINGS, FL 34489

I hereby 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 all other like empowered.

SIGNATURE: WALTER E MCLANAHAN C 04/27/2012

Electronic Signature of Signing Officer or Director — Date