

NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90010 030 ****61.25

DOCUMENT # **N19954**

1. Entity Name
HERNANDO COUNTY LIONS EYESIGHT FOUNDATION
12249 CLUBHOUSE RD
BROOKSVILLE FL 34613-5604



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

12249 CLUBHOUSE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BROOKSVILLE FL

Zip

Country

Zip

Country

34613-5604 USA

4. FEI Number

N/A

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037B (5/07)

40056371

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **JOSEPH DE POOLE**

Street Address (P.O. Box Number is Not Acceptable)

12078 WALSHWOOD AVE

City

BROOKSVILLE

FL

Zip Code

34613

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

FEE IS \$61.25
Initial or Amended AR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **LOUISE GERMANI**
STREET ADDRESS **10148 GIFFORD AVE**
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE **VP**
NAME **JOSE LAMBORGINI**
STREET ADDRESS **9115 RHETT LN**
CITY-ST-ZIP **WEEKIWACHEE FL 34613**

TITLE **T**
NAME **VINCENT BATTAGLIA**
STREET ADDRESS **3316 HIGH POINT BLVD**
CITY-ST-ZIP **BROOKSVILLE FL 34613**

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Vincent Battaglia

VINCENT S. BATTAGLIA

3/15/08

352-592-1707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #