2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19954

FILED Feb 09, 2009 Secretary of State

Entity Name: HERNANDO COUNTY LIONS EYESIGHT FOUNDATION INC

Current Principal Place of Business:		New Principal Place of Business:			
	JBHOUSE RD. VILLE, FL 34613	US			
Current N	Mailing Address:		New Mail	ing Address	::
	JBHOUSE RD. VILLE, FL 34613	US			
El Number	: FI	El Number Applied For()	FEI Number Not App	licable (X)	Certificate of Status Desired (
lame and	d Address of Curr	ent Registered Agent:	Name and	l Address of	f New Registered Agent:
2078 WA	E, JOSEPH LLSHWOOD AVE. VILLE, FL 34613	US			
	e named entity subr e of Florida.	mits this statement for the p	ourpose of changing	its registered	d office or registered agent, or l
the Stat	e of Florida.	nits this statement for the p	ourpose of changing	its registered	d office or registered agent, or l
the Stat	e of Florida. RE:	nits this statement for the property of Registered Ag		its registered	d office or registered agent, or l Date
n the Stat SIGNATU	e of Florida. RE:	ignature of Registered Ag	ent		
i the Stat SIGNATU	e of Florida. RE: Electronic S	ignature of Registered Ag RS: ete	ent	NS/CHANGE	Date
n the Stat SIGNATU DFFICER itle: ame: ddress:	e of Florida. RE: Electronic S S AND DIRECTOF P () Dele GERMANI, LOUISE 10148 GIFFORD AV	rignature of Registered Agr RS: ete /E 4608 ete NT	ent ADDITION Title: Name: Address:	T LUNNY, LOU 8116 HIGH F	Date ES TO OFFICERS AND DIRECT () Change () Addition (X) Change () Addition UISE
n the Stat SIGNATU DFFICER itle: ame: ddress: ity-St-Zip: itle: ame: ddress:	e of Florida. RE: Electronic S S AND DIRECTOF P () Dele GERMANI, LOUISE 10148 GIFFORD AV SPRING HILL, FL 3 T () Dele BATTAGLIA, VINCEI 3316 HIGH POINT B	rignature of Registered Ag RS: ete FE 4608 ete NT JLVD 34613 ete	ent ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	T LUNNY, LOU 8116 HIGH F BROOKSVIL	Date ES TO OFFICERS AND DIRECT () Change () Addition (X) Change () Addition JISE POINT BLVD

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: LOUISE GERMANI PRES 02/09/2009