2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702966

Entity Name: FLORIDA LIONS EYE BANK, INC.

Current Principal Place of Business:

900 NW 17TH STREET

#348

MIAMI, FL 33136

Current Mailing Address:

900 NW 17TH STREET

#348

MIAMI, FL 33136 US

FEI Number: 59-0967012 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FOUT, ELIZABETH 900 N.W. 17 STREET FLORIDA LIONS EYE BANK 348 MIAMI, FL 33136 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: ELIZABETH FOUT 04/30/2020

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title EXECUTIVE DIRECTOR Title **PRESIDENT**

Name FOUT, ELIZABETH Name ENGSTROM, KENNETH

900 NW 17TH STREET 900 NW 17TH STREET Address Address

#348 #348

City-State-Zip: MIAMI FL 33136 City-State-Zip: MIAMI FL 33136

Title VΡ Title **DIRECTOR** Name WADE, GEOFF Name OLARTE, LUIS

Address 900 NW 17TH STREET Address 900 NW 17TH STREET

> #348 #348

City-State-Zip: MIAMI FL 33136 City-State-Zip: MIAMI FL 33136

Title IMMEDIATE PAST PRESIDENT Title **SECRETARY**

CALLAHAN, NORMA PHD JAMES, CAMPBELL Name Name

900 NW 17TH STREET 900 NW 17TH STREET Address Address #348

City-State-Zip: MIAMI FL 33136 City-State-Zip: MIAMI FL 33136

Title DIRECTOR

Title **TREASURER** Name STOWERS, KAREN

Name LEVENSTON, JOEL Address 900 NW 17TH STREET

Address 900 NW 17TH STREET #348 #348

MIAMI FL 33136

City-State-Zip: City-State-Zip: MIAMI FL 33136

Continues on page 2

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.

04/30/2020 SIGNATURE: ELIZABETH FOUT **EXECUTIVE DIRECTOR**

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 30, 2020

Secretary of State

4608450389CC

Officer/Director Detail Continued:

#348

VP Title Title

Name THOMPSON, HELENE Name HILLIARD, ROBERT Address 900 NW 17TH STREET Address 900 NW 17TH STREET

#348 #348 MIAMI FL 33136 MIAMI FL 33136 City-State-Zip: City-State-Zip:

DIRECTOR Title DIRECTOR Title

GIMENEZ, ELBIO ESPERANZA, GOMEZ Name Name

Address 900 NW 17TH STREET Address 900 NW 17TH STREET #348

#348

MIAMI FL 33136 MIAMI FL 33136 City-State-Zip: City-State-Zip:

DIRECTOR **DIRECTOR** Title Title

DE KLER, FELISA Name ARTHUR, WILLIAM Name

Address 900 NW 17TH STREET Address 900 NW 17TH STREET #348

#348

City-State-Zip: MIAMI FL 33136 City-State-Zip: MIAMI FL 33136

Title DIRECTOR Title DIRECTOR

GENTILINI, ROBERT MONTES, ANTONIO Name Name

Address 900 NW 17TH STREET Address 900 NW 17TH STREET

#348

City-State-Zip: MIAMI FL 33136 City-State-Zip: MIAMI FL 33136