

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726076

**Entity Name:** LIONS WORLD VISION INSTITUTE, INC.

**Current Principal Place of Business:**

1410 NORTH 21 STREET  
TAMPA, FL 33605

**Current Mailing Address:**

1410 NORTH 21 STREET  
TAMPA, FL 33605 US

**FEI Number:** 59-1458151

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WOODY, JASON K.  
1410 NORTH 21 STREET  
TAMPA, FL 33605 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WOODY, JASON K.  
Address        1410 NORTH 21ST STREET  
City-State-Zip: TAMPA FL 33605

Title            CHAIRMAN  
Name            CARL, TREMONTI  
Address        1410 NORTH 21 STREET  
City-State-Zip: TAMPA FL 33605

Title            TREASURER  
Name            SUAREZ, MIKE  
Address        1410 NORTH 21 STREET  
City-State-Zip: TAMPA FL 33605

Title            CFO  
Name            VIAMONTES, BETTY  
Address        1410 NORTH 21 STREET  
City-State-Zip: TAMPA FL 33605

Title            SECRETARY  
Name            ANDREW, MCINTOSH  
Address        1410 NORTH 21 STREET  
City-State-Zip: TAMPA FL 33605

*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:** BETTY VIAMONTES

**CFO**

**01/05/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date