

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002029

Entity Name: FLORIDA LIONS EYE CLINIC, INC.

Current Principal Place of Business:

10322 PENNSYLVANIA
BONITA SPRINGS, FL 34134

Current Mailing Address:

10322 PENNSYLVANIA
BONITA SPRINGS, FL 34135 US

FEI Number: 45-0560906

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

THOMAS, NOREEN EDD
10322 PENNSYLVANIA AVENUE
BONITA SPRINGS, FL 34135 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: NOREEN THOMAS

03/31/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name FREEDMAN, HOWARD DR.
Address 10322 PENNSYLVANIA
City-State-Zip: BONITA SPRINGS FL 34135

Title TREASURER
Name THOMAS, NOREEN
Address 10322 PENNSYLVANIA AVE
City-State-Zip: BONITA SPRINGS FL 34135

Title SECRETARY
Name MARGIE, GILLETTE
Address 10322 PENNSYLVANIA AVE
City-State-Zip: BONITA SPRINGS FL 34135

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: NOREEN THOMAS

TREASURER

03/31/2020

Electronic Signature of Signing Officer/Director Detail

Date