2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2025
Secretary of State
6306533717CC

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:

CHRISTENBURY, DANIEL
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: DANIEL CHRISTENBURY 02/26/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	DEARMOND, LARRY
Address	10322 PENNSYLVANIA AVE
City-State-Zip:	BONITA SPRINGS FL 34135

Title	EXECUTIVE DIRECTOR
Name	CHRISTENBURY, DANIEL
Address	10322 PENNSYLVANIA AVENUE
City-State-Zip:	BONITA SPRINGS FL 34135

Title	BOARD MEMBER
Name	FREEDMAN, HOWARD
Address	10322 PENNSYLVANIA
City-State-Zip:	BONITA SPRINGS FL 34134

Title	BOARD SECRETARY
Name	BOYER, MELISSA
Address	3406 SW 11TH AVENUE
City-State-Zip:	CAPE CORAL FL 33914

Title	BOARD MEMBER
Name	LIEB, DAWN
Address	10322 PENNSYLVANIA AVE
City-State-Zip:	BONITA SPRINGS FL 34135

Title	VP
Name	DEARMOND, DAWN
Address	10322 PENNSYLVANIA
City-State-Zip:	BONITA SPRINGS FL 34134

Title	DIRECTOR
Name	SHAPIRO, RICHARD
Address	10322 PENNSYLVANIA
City-State-Zip:	BONITA SPRINGS FL 34134

Title	BOARD MEMBER
Name	HALBERT, DOUGLAS DR.
Address	9715 ACQUA COURT 124
City-State-Zip:	NAPLES FL 34113

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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: DANIEL CHRISTENBURY EXECUTIVE DIRECTOR 02/26/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	BOARD MEMBER
Name	JACKSON, JOE
Address	28447 DEL LARGO WAY
City-State-Zip:	BONITA FL 34135

Title	TREASURER
Name	DORMAN, CODY
Address	10322 PENNSYLVANIA
City-State-Zip:	BONITA SPRINGS FL 34134

Title	MEDICAL DIRECTOR
Name	MARSTON FOUCHER, CAROL DR.
Address	9431 SUNSET HARBOR DRIVE 144
City-State-Zip:	FT MYERS FL 33919