

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000008758

**FILED  
Mar 20, 2015  
Secretary of State  
CC4803728145**

**Entity Name:** THE EYE OPENER MISSION CENTER, INC

**Current Principal Place of Business:**

6625 MIAMI LAKES DR  
428  
MIAMI GARDENS, FL 33014

**Current Mailing Address:**

6625 MIAMI LAKES DR  
428  
MIAMI GARDENS, FL 33014 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

PASCAL, ALICIA L  
6625 MIAMI LAKES DR  
428  
MIAMI GARDENS, FL 33014 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 P  
Name PASCAL, ALICIA L  
Address 6625 MIAMI LAKES DR  
428  
City-State-Zip: MIAMI GARDENS FL 33014

Title VP  
Name PASCAL, YURGAL  
Address 6625 MIAMI LAKES DR  
428  
City-State-Zip: MIAMI GARDENS FL 33014

Title D  
Name MINUS-TALIAFERRE, CHARLENA  
Address 6625 MIAMI LAKES DR  
428  
City-State-Zip: MIAMI GARDENS FL 33014

*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: YURGAL PASCAL**

**VICE PRESIDENT**

**03/20/2015**

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

\_\_\_\_\_  
Date