

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000008758

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

**Current Principal Place of Business:**

1244 ALIBABA AVE  
OPA-LOCKA, FL 33054

**Current Mailing Address:**

1244 ALIBABA AVE  
OPA-LOCKA, FL 33054 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

PASCAL, ALICIA L  
1244 ALIBABA AVE  
OPA-LOCKA, FL 33054 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 1244 ALIBABA AVE  
City-State-Zip: OPA-LOCKA FL 33054

Title DIRECTOR  
Name WILLIAMS, LATAVIA  
Address 1244 ALIBABA AVE  
City-State-Zip: OPA-LOCKA FL 33054

Title VP  
Name SUMMONS, JARVIS  
Address 1244 ALIBABA AVE  
City-State-Zip: OPA-LOCKA FL 33054

*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:** ALICIA PASCAL

**PRESIDENT**

**07/05/2019**

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

\_\_\_\_\_  
Date