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

Electronic Signature of Signing Officer/Director Detail

PREIDENT

03/01/2018 Date

Date

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1200008758

Entity Name: THE EYE OPENER MISSION CENTER, INC

Current Principal Place of Business:

17560 NW 27 AVENUE 105 MIAMI GARDENS, FL 33056

Current Mailing Address:

17560 NW 27 AVENUE 105 MIAMI GARDENS, FL 33056 US

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

PASCAL, ALICIA L 17560 NW 27 AVENUE 105 MIAMI GARDENS, FL 33056 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	

Officer/Director Detail :

Title	Р	Title	VP	
Name	PASCAL, ALICIA L	Name	PASCAL, YURGAL	
Address	17560 NW 27 AVENUE 105	Address	17560 NW 27 AVENUE 105	
City-State-Zip:	MIAMI GARDENS FL 33056	City-State-Zip:	MIAMI GARDENS FL 33056	
Title	D			
Name	WILLIAMS, LATAVIA			
Address	17560 NW 27 AVENUE 105			
City-State-Zip:	MIAMI GARDENS FL 33056			

FILED Mar 01, 2018

Secretary of State

CC7673567884

Certificate of Status Desired: No
