

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38056

Entity Name: FOR EYE CARE FOUNDATION, INC.**Current Principal Place of Business:**6816 SOUTHPOINT PKWY, STE 1000
JACKSONVILLE, FL 32216**Current Mailing Address:**6816 SOUTHPOINT PKWY, STE 1000
JACKSONVILLE, FL 32216**FEI Number: 59-3051564****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HART, BRIAN JD
6816 SOUTHPOINT PKWY, STE 1000
JACKSONVILLE, FL 32216 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: BRIAN HART****05/13/2022**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	CANO, DAVID MD
Address	2068 PALM BEACH LAKES BLVD
City-State-Zip:	WEST PALM BEACH FL 33409

Title	ED
Name	FILBERT, COLLEEN
Address	6816 SOUTHPOINT PKWY, STE 1000
City-State-Zip:	JACKSONVILLE FL 32216

Title	VP
Name	SIMS, LAURA
Address	3925 DURANGO STREET
City-State-Zip:	CORAL GABLES FL 33134

Title	TREASURER
Name	FOURAKER, BRADLEY D
Address	4905 BAY WAY PL.
City-State-Zip:	TAMPA FL 33629

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: COLLEEN FILBERT**ED****05/13/2022**

Electronic Signature of Signing Officer/Director Detail

Date