		Electronic Signature of Registered Agent		Date			
Officer/Director Detail :							
	Title	CEO	Title	SECRETARY			
	Name	BAVUSO, TONY	Name	SATTLER, SCOTT			
	Address	10560 N AMBASSADOR DRIVE SUITE 210	Address	10560 N AMBASSADOR DR, SUITE 210			
	City-State-Zip:	KANSAS CITY MO 64153	City-State-Zip:	KANSAS CITY MO 64153-2313			
	Title	TREASURER	Title	DIRECTOR			
	Name	GRAY, KATHY	Name	MILLS, PATRICK			
	Address	10560 N AMBASSADOR DR, SUITE 210	Address	10560 N AMBASSADOR DR, SUITE 210			
	City-State-Zip:	KANSAS CITY MO 64153-2313	City-State-Zip:	KANSAS CITY MO 64153-2313			
	Title	DIRECTOR	Title	DIRECTOR			
	Name	SLIGER, MIKE	Name	DOHMAN, AL			
	Address	10560 N AMBASSADOR DR, SUITE 210	Address	10560 N AMBASSADOR DR, SUITE 210			
	City-State-Zip:	KANSAS CITY MO 64153-2313	City-State-Zip:	KANSAS CITY MO 64153-2313			
	Title	DIRECTOR	Title	DIRECTOR			
	Name	WINKELER, GEORGE	Name	SCHAEPERKOETTER, JEFF			
	Address	10560 N AMBASSADOR DR, SUITE 210	Address	10560 N AMBASSADOR DR, SUITE 210			
	City-State-Zip:	KANSAS CITY MO 64153-2313	City-State-Zip:	KANSAS CITY MO 64153-2313			

Current Mailing Address:

KANSAS CITY, MO 64153

10560 N AMBASSADOR DR STE 210

10560 N AMBASSADOR DR STE 210 KANSAS CITY, MO 64153 US

FEI Number: 43-1036995

Name and Address of Current Registered Agent:

SPENSERV, INC. 201 N FRANKLIN STREET **SUITE 2150** TAMPA, FL 33602 US

2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000005671

Entity Name: MISSOURI LIONS EYE RESEARCH FOUNDATION INC.

Current Principal Place of Business:

Apr 14, 2023 Secretary of State 1917191422CC

Date

FILED

Certificate of Status Desired: No

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

(

Address	10560 N AMBASSADOR DR, SUITE 210	Address	10560 N AMBASSADOR DR, SUITE 210		
City-State-Zip:	KANSAS CITY MO 64153-2313	City-State-Zip:	KANSAS CITY MO 64153-2313		
		Continues on page 2			
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: TONY BAVUSO	CEO	04/14/2023

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail Continued :

10560 N AMBASSADOR DR.

City-State-Zip: KANSAS CITY MO 64153

Address

Title	DIRECTOR	Title	DIRECTOR
Name	VINCENT , MARC	Name	SCOTT, PAT
Address	10560 N AMBASSADOR DR STE 210	Address	10560 N AMBASSADOR DR STE 210
City-State-Zip:	KANSAS CITY MO 64153	City-State-Zip:	KANSAS CITY MO 64153
Title	DIRECTOR	Title	VP
Name	LESLIE. AMY	Name	MARTCHINK, PAT
	- 1		
Address	10560 N AMBASSADOR DR STE 210	Address	10560 N AMBASSADOR DR.
City-State-Zip:	KANSAS CITY MO 64153	City-State-Zip:	KANSAS CITY MO 64153
Title	CHAIRMAN		
Name	BOETTCHER, LARRY		