

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:46

DOCUMENT # 762041 (2)
1. Corporation Name
THE CATARACT TEACHING FOUNDATION, INC.

Principal Place of Business	Mailing Address
43309 US HWY 19 N P O BOX 1600 TARPON SPRINGS FL 34688-1608	43309 US HWY 19 N P O BOX 1600 TARPON SPRINGS FL 34688-1608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/19/1982	3a. Date of Last Report 03/01/1994
4. FEI Number 59-2335816	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country
25 Zip Country	30 Zip Country

9. Name and Address of Current Registered Agent

GILLS, JAMES P
43309 US 19 N
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City
05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GILLS JAMES P
STREET ADDRESS	43309 US HWY 19 N
CITY - ST - ZIP	TARPON SPRINGS FL
TITLE	VD
NAME	DURHAM, DAVIS G.
STREET ADDRESS	43309 US HWY 19 N
CITY - ST - ZIP	TARPON SPRINGS FL
TITLE	PD
NAME	WILLIAMS, DENNIS L.
STREET ADDRESS	43309 US HWY 19 N
CITY - ST - ZIP	TARPON SPRINGS FL
TITLE	DAS
NAME	ALBRITTON, A. DALLAS
STREET ADDRESS	100 E MADISON, STE #302
CITY - ST - ZIP	TAMPA FL
TITLE	ST
NAME	KISKADDON, BRUCE
STREET ADDRESS	43309 US HWY 19 N
CITY - ST - ZIP	TARPON SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation; or the recipient of a duly empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or on an attachment hereto, as indicated.

SIGNATURE: _____ **JAMES P. GILLS** 180-95 813-942-2591
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR Title District #