

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 762041 (2)  
1. Corporation Name

THE CATARACT TEACHING FOUNDATION, INC.



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

3. Date Incorporated or Qualified: 02/19/1982  
3a. Date of Last Report: 02/21/1995

2. Principal Place of Business  
21 43309 U.S. 19 NORTH  
22 P.O. Box 5000  
23 TARPON SPRINGS, FL  
24 34688-5000  
25 U.S.A.  
2a. Mailing Address  
26 43309 U.S. 19 NORTH  
27 P.O. Box 5000  
28 TARPON SPRINGS, FL  
29 34688-5000  
30 U.S.A.

4. FEI Number: 59-2335816  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~GILL, JAMES P~~ CARL B. PETERS  
43309 US 19 N  
TARPON SPRINGS FL 34689

81 Name: CARL B. PETERS  
82 Street Address (P.O. Box Number is Not Acceptable): 43309 U.S. 19 NORTH  
83  
84 City: TARPON SPRINGS FL 85 Zip Code: 34688

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: CARL B. PETERS, EXECUTIVE COORDINATOR  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE: 2-2-'96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D NAME: <del>GILL, JAMES P</del> STREET ADDRESS: <del>43309 US HWY 19 N</del> CITY-ST-ZIP: <del>TARPON SPRINGS FL</del>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP:	
TITLE: VD NAME: DURHAM, DAVIS G. STREET ADDRESS: 43309 US HWY 19 N CITY-ST-ZIP: TARPON SPRINGS FL	<input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	
TITLE: PD NAME: WILLIAMS, DENNIS L. STREET ADDRESS: 43309 US HWY 19 N CITY-ST-ZIP: TARPON SPRINGS FL	<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	
TITLE: DAS NAME: ALBRITTON, A DALLAS STREET ADDRESS: 100 E MADISON, STE #302 CITY-ST-ZIP: TAMPA FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	8000001731598 -03/04/96--01131--011
TITLE: DST NAME: KISKADDON, BRUCE STREET ADDRESS: 43309 US HWY 19 N CITY-ST-ZIP: TARPON SPRINGS FL	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	***61.25
TITLE: NAME: CARL B. PETERS, DIRECTOR STREET ADDRESS: 6434 RIVER RIDGE ROAD CITY-ST-ZIP: NEW PORT RICHEY, FL 34653-4341	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	CARL B. PETERS, DIRECTOR 6434 RIVER RIDGE ROAD NEW PORT RICHEY, FL 34653-4341

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)(k), Florida Statutes. I further certify that the information indicated 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carl B. Peters CARL B. PETERS 2-28-'96 (813) 938-2020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)