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Mar 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 03/04/1996
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

2. Principal Place of Business: 43309 U.S. HWY 19 N.
2a. Mailing Address: 43309 U.S. HWY 19 N.
22. Suite, Apt. #, etc: P.O. Box 5000
27. Suite, Apt. #, etc: P.O. Box 5000
23. City & State: TARPON SPRINGS, FL
28. City & State: TARPON SPRINGS, FL
24. Zip: 34688-5000
25. Country: U.S.A.
29. Zip: 34688-5000
30. Country: U.S.A.

9. Name and Address of Current Registered Agent
PETERS, CARL B
43309 US 19 N
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PETERS, CARL B	
STREET ADDRESS	6434 RIVER EDGE RD	
CITY - ST - ZIP	NEW PORT RICHEY FL 34853-4341	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DURHAM, DAVIS G.	
STREET ADDRESS	43309 US HWY 19 N	
CITY - ST - ZIP	TARPON SPRINGS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, DENNIS L.	
STREET ADDRESS	43309 US HWY 19 N	
CITY - ST - ZIP	TARPON SPRINGS FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	KISKADDON, BRUCE	
STREET ADDRESS	43309 US HWY 19 N	
CITY - ST - ZIP	TARPON SPRINGS FL 34688-1608	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
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	<input 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 2-28-'97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0668810

CR2E037 (9/96)