

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 765189 (6)

1. Corporation Name

EYE RESEARCH & EDUCATION FOUNDATION, INC.

Principal Place of Business

801 NORTH STONE ST
DELAND FL 32720

Mailing Address

801 NORTH STONE ST
DELAND FL 32720

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1982

3a. Date of Last Report

03/01/1994

4. FEI Number

59-2279553

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOYLES, WILLIAM A.
201 E. PINE STREET, SUITE #1200
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PS
NAME	NEUMANN, ALBERT C MD
STREET ADDRESS	801 NORTH STONE ST
CITY - ST - ZIP	DELAND FL
TITLE	VD
NAME	NEUMANN, ALBERT
STREET ADDRESS	801 NORTH STONE ST
CITY - ST - ZIP	DELAND FL
TITLE	D
NAME	NEUMANN, LINDA
STREET ADDRESS	801 N.STONE ST.
CITY - ST - ZIP	DELAND FL
TITLE	TD
NAME	NEUMANN, ALBERT C., M.D.
STREET ADDRESS	801 N.STONE ST.
CITY - ST - ZIP	DELAND FL
TITLE	D
NAME	FORD, JAMES
STREET ADDRESS	801 N.STONE ST.
CITY - ST - ZIP	DELAND FL
TITLE	D
NAME	RIGSBY, DAVID
STREET ADDRESS	801 N.STONE ST.
CITY - ST - ZIP	DELAND FL

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 recorder or trustee empowered to execute this report as required by Chapter 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Albert C. Neumann, MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-1-95 904-734-4431