

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000003495

FILED
Jan 09, 2012
Secretary of State

Entity Name: AMERICAN OPTOMETRIC FOUNDATION, INC.

Current Principal Place of Business:

6110 EXECUTIVE BOULEVARD, SUITE 506
ROCKVILLE, MD 20852

New Principal Place of Business:

Current Mailing Address:

6110 EXECUTIVE BOULEVARD, SUITE 506
ROCKVILLE, MD 20852

New Mailing Address:

FEI Number: 43-0768182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: AMOS, CATHERINE DR
Address: 2100 DATA PARK DRIVE
City-St-Zip: BIRMINGHAM, AL 35244

Title: STD
Name: KIRSCHEN, DAVID DR
Address: 428 S BREA BLVD
City-St-Zip: BREA, CA 92821

Title: D
Name: BARR, JOSEPH DR
Address: 1400 N GOODMAN ST
City-St-Zip: ROCHESTER, NY 14609

Title: D
Name: PURCELL, HOWARD DR
Address: 13555 N STEMMONS FREEWAY
City-St-Zip: DALLAS, TX 75234

Title: D
Name: RILEY, COLLEEN DR
Address: 7500 CENTURION PARKWAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: D
Name: SCHOENBRUN, LOIS
Address: 6110 EXECUTIVE BLVD., STE 506
City-St-Zip: ROCKVILLE, MD 20852

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: LOIS SCHOENBRUN

D

01/09/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date