

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009157

FILED  
Apr 16, 2007  
Secretary of State

Entity Name: THE HILLSBOROUGH SOCIETY OF OPTOMETRISTS, INC.

**Current Principal Place of Business:**

5885 GUNN HWY  
TAMPA, FL 336254007

**New Principal Place of Business:**

10108 MONTAGUE ST  
TAMPA, FL 33626 US

**Current Mailing Address:**

5885 GUNN HWY  
TAMPA, FL 336254007

**New Mailing Address:**

10108 MONTAGUE ST  
TAMPA, FL 33626 US

FEI Number: 36-4510150

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEPHEN, WILLIAM H O.D.  
5885 GUNN HWY  
TAMPA, FL 336254007 US

**Name and Address of New Registered Agent:**

BONILLA-WARFORD, NATHAN J O.D.  
WEST PARK VILLAGE  
10108 MONTAGUE ST  
TAMPA, FL 33626 US

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: NATHAN BONILLA-WARFORD

04/16/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: STEPHEN, WILLIAM H  
Address: 5885 GUNN HWY  
City-St-Zip: TAMPA, FL 336254007

Title: VPT ( ) Delete  
Name: PAYNE, SUSAN  
Address: 4051 UPPERCREEK DR. SUITE 107  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PR (X) Change ( ) Addition  
Name: PAYNE, SUSAN H OD  
Address: 4051 UPPERCREEK DR. SUITE 107  
City-St-Zip: SUN CITY CENTER, FL 33573 US

Title: VP (X) Change ( ) Addition  
Name: EFRE, ANTHONY OD  
Address: 5537 SHELDON RD. SUITE A  
City-St-Zip: TAMPA, FL 33615 US

Title: TR ( ) Change (X) Addition  
Name: BONILLA-WARFORD, NATHAN J OD  
Address: 10108 MONTAGUE ST  
City-St-Zip: TAMPA, FL 33626

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NATHAN BONILLA-WARFORD

DR

04/16/2007

Electronic Signature of Signing Officer or Director

Date