FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

101

1. Corporation Name (8)					
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BREVARD OPTOMETRIC ASSOCIATION, INC.				L MARAMAN DIN CANCA SANG ARMA HABA ING ANGKI ANGKI ANGKI ANGKI ANGKI ANGKI ANGKI	
Principal Place of Business M		Mailing Address			II OTBIA DIBAR OTOTI ANDN DIRIJ INGT
C/O MITCHELL NASS %DR. CARL DOUGHTY					
380 S. COURTENAY PARKWAY 1051 PT. MALA			i., NE		
MERRITT ISLA	ND FL 32952	PALM BAY FL 32905 US		3. Date incorporated or Qualified 3a.	Date of Last Report
				06/12/1984	04/10/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
		26		65-0086592	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	-	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangil	
24	25	29	30	Florida Statutes Yes	_ [] No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registers	d Agent
			81 Name		
	ITY, CARL D		82 Street A	Address (P.O. Box Number is Not Acceptable)	
	T. MALABAR BLVD., NE		83		
SUITE 14			[63]		
PALM BAY FL 32905			84 City	F	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 register of the purpose of the purpose of changing its register.					
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					
SIGNATURE Signature typed or printed name of registered agent and trite if applicable (NOTE: F) 12. OFFICERS AND DIRECTORS			E: Registered Agent signature :	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	SD	DELETE	1.1 TITLE	VDP	Change Addition
NAME	FRETLAND, VIVI		1.2 NAME	Greg Aker	
STREET ADDRESS	325 E. MERRITT ISLAND CSW	Y.	1.3 STREET ADDRESS	1401 S. Washington Ave.	i
CITY-ST-ZIP	MERRITT ISLAND FL		1.4 CITY - ST - ZIP	Titusville, FL 32780	
TITLE	VOP	DELETE	2.1 TITLE		Change Addition
NAME	WOODS-MCSHANE, BERNADI	ETTE	2.2 NAME		
STREET ADDRESS	6815 N. HWY. 1		2.3 STREET ADDRESS		
CITY-S1-ZIP	PT. ST. JOHN FL		2.4 CITY-ST-ZIP	<u>,,,</u>	
TITLE	PD	🔀 DELETE	3.1 TITLE		Change Addition
NAMÉ	LEON, MICHAEL		3.2 NAME		
STREET ADDRESS	2420 S. BABCOCK ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MELBOURNE FL TD	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME	DOUGHTY, CARL	F" pricit	4.1 HILE 4.2 NAME		
STREET ADDRESS	1051 PT. MALABAR BLVD., NI	E	4.3 STREET ADDRESS		
CITY-\$1-ZIP	PALM BAY FL	-	4.4 CITY-ST-ZIP		Ì
TITLE	SD	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Kenneth Boyle		5.2 NAME	•	ľ
STREET ADDRESS	2420 S. Babcock St	•	5.3 STREET ADDRESS		
CITY - ST - ZIP	Melbourne, FL 329	01	5.4 CITY-ST-ZIP		<u>-</u>
TIFLE	PD	☐ DELETE	B.1 YITLE		Change Addition
NAME	James Cobb		6.2 NAME		
STREET ADDRESS	2186 Harris Ave.		6.3 STREET ADDRESS		
CITY-ST-ZIP	Palm Bay, FL 3290	15	6.4 CITY-ST-ZIP		

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 one an attachment with an address.

SIGNATURE:

FILED

Mar 31 1997 8:00am

Secretary of State

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