

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N03623 (8) 1. Corporation Name BREVARD OPTOMETRIC ASSOCIATION, INC.					
Principal Place of Business C/O MITCHELL NASS 380 S. COURTENAY PARKWAY MERRITT ISLAND FL 32952			Mailing Address %DR. CARL DOUGHTY 1051 PT. MALABAR BLVD., NE PALM BAY FL 32905 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 06/12/1984	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0086592 Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent DOUGHTY, CARL D 1051 PT. MALABAR BLVD., NE SUITE 14 PALM BAY FL 32905				7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
				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 _____ (NOTE: Registered Agent signature required when relistening) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	VDP ☐ DELETE				
NAME	AKER, GREG				
STREET ADDRESS	1401 S WASHINGTON AVE				
CITY-ST-ZIP	TITUSVILLE FL				
TITLE	SD ☐ DELETE				
NAME	BOYLE, KENNETH				
STREET ADDRESS	2420 S BABCOCK ST				
CITY-ST-ZIP	MELBOURNE FL				
TITLE	PD ☐ DELETE				
NAME	COBB, JAMES				
STREET ADDRESS	2186 HARRIS AVE				
CITY-ST-ZIP	PALM BAY FL				
TITLE	TD ☐ DELETE				
NAME	DOUGHTY, CARL				
STREET ADDRESS	1051 PT. MALABAR BLVD., NE				
CITY-ST-ZIP	PALM BAY FL				
TITLE	☐ DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE ☐ Change ☐ Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE ☐ Change ☐ Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE ☐ Change ☐ Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE ☐ Change ☐ Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE ☐ Change ☐ Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE ☐ Change ☐ Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



CR2E037 (10/97)

14. I 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 E. Doughty* CARL E. DOUGHTY 3/24/98 467 723-9350