

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000001715

**Entity Name:** CHILDREN WITH A VISION, INC.

**Current Principal Place of Business:**

824 RIVERBROOK CT. APT. 202  
TAMPA, FL 33603

**Current Mailing Address:**

P.O. BOX 11498  
TAMPA, FL 33680

**FEI Number: 75-3208855**

**Certificate of Status Desired: No**

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

LEWIS, TONYA M  
824 RIVERBROOK CT. APT.202  
TAMPA, FL 33603 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name LEWIS, TONYA M  
Address 824 RIVERBROOK CT. APT. 202  
City-State-Zip: TAMPA FL 33603

Title VP  
Name PICKETT, KEISHA  
Address 2002 N. LOIS AVE.  
City-State-Zip: TAMPA FL

Title TRE  
Name SUTTON, OLIVER  
Address 12729 LAKE VISTA DR.  
City-State-Zip: GIBSONTON FL 33534

Title ED  
Name DANIELS, CONSTANCE  
Address 220 E. MADISON STREET  
City-State-Zip: TAMPA FL 33602

Title SECRETARY  
Name TAYLOR, ROXIENNA  
Address 11710 RAINTREE LN  
APT# A  
City-State-Zip: TAMPA FL 33617

Title DIRECTOR  
Name RILEY , LATONYA M  
Address P.O. BOX 11498  
City-State-Zip: TAMPA FL 33680

*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: TONYA LEWIS**

**PRESIDENT**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date