DOCUMENT# N06000001715

Entity Name: CHILDREN WITH A VISION, INC.

Current Principal Place of Business:

10002 N. 27TH STREET TAMPA, FL 33612

Current Mailing Address:

P.O. BOX 11560 TAMPA, FL 33680 US

FEI Number: 75-3208855

Name and Address of Current Registered Agent:

LEWIS, TONYA M. 10002 N. 27TH STREET TAMPA, FL 33612 US

Certificate of Status Desired: Yes

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: TONYA M. LEWIS				04/14/2024
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	Р	Title	VP	
Name	LEWIS, TONYA M	Name	BECKER, LEANN	
Address	10002 N. 27TH STREET	Address	867 W. BLOOMINGDALE AVE 6113	
City-State-Zip:	TAMPA FL 33612	City-State-Zip:	BRANDON FL 33511	
Title	TREASURER	Title	SECRETARY	
Name	SUTTON, OLIVER	Name	TAYLOR , ROXIEANNA	
Address	1111 VERSANT DRIVE 303	Address	11710 RAINTREE LAKE LANE	
City-State-Zip:	BRANDON FL 33511	City-State-Zip:	TAMPA FL 33617	
Title	OFFICER	Title	OFFICER	
Name	ALLEN, SHANTWAN	Name	ZACARIAS, LINDA	
Address	4422 SNAPPER STREET	Address	867 W. BLOOMINGDALE AVE 6113	
City-State-Zip:	TAMPA FL 33607	City-State-Zip:		

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 M LEWIS

PRESIDENT

04/14/2024

Date

FILED Apr 14, 2024 Secretary of State 2538395445CC

Electronic Signature of Signing Officer/Director Detail