

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001715

**FILED
Apr 30, 2015
Secretary of State
CC5674344973**

Entity Name: CHILDREN WITH A VISION, INC.

Current Principal Place of Business:

9405 CHANNING CIRCLE
#2606
TAMPA, FL 33617

Current Mailing Address:

P.O. BOX 11498
TAMPA, FL 33680

FEI Number: 75-3208855

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LEWIS, TONYA M
9405 CHANNING CIRCLE
#2606
TAMPA, FL 33617 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 9405 CHANNING CIRCLE
#2606
City-State-Zip: TAMPA FL 33617

Title VP
Name PICKETT, KEISHA
Address P.O. BOX 4381
City-State-Zip: BRANDON FL 33509

Title TRE
Name SUTTON, OLIVER
Address 12729 LAKE VISTA DR.
City-State-Zip: GIBSONTOWN 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 M LEWIS

PRESIDENT

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date