

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

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****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**LEWIS, TONYA M.  
10002 N. 27TH STREET  
TAMPA, FL 33612 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: TONYA M. LEWIS****02/25/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LEWIS, TONYA M  
Address 10002 N. 27TH STREET  
City-State-Zip: TAMPA FL 33612

Title VP  
Name ALLEN, SHANTWAN  
Address 4422 SNAPPER STREET  
City-State-Zip: TAMPA FL 33617

Title TREASURER  
Name TAYLOR, ROXIEANNA  
Address 11710 RAIN TREE LAKE LANE  
UNIT A  
City-State-Zip: TAMPA FL 33617

Title SECRETARY  
Name GRANT, APRELL  
Address 2709 N. LINCOLN AVE.  
City-State-Zip: TAMPA FL 33607

Title OFFICER  
Name JONES, EUGENIA  
Address 1205 E. LINEBAUGH AVE  
City-State-Zip: TAMPA FL 33612

*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****02/25/2020**

Electronic Signature of Signing Officer/Director Detail

Date