

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