

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001715

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 11560
TAMPA, FL 33680 US**FEI Number:** 75-3208855**Certificate of Status Desired:** No**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:** TONYA M. LEWIS**04/30/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name LEWIS, TONYA M
Address P.O. BOX 11560
City-State-Zip: TAMPA FL 33680

Title VP
Name PICKETT, KEISHA
Address 3314 WINCHESTER ESTATES CIRCLE
City-State-Zip: LAKELAND FL 33810

Title SECRETARY
Name TAYLOR, ROXIEANNA
Address 11710 RAINTREE LAKE LANE
UNIT A
City-State-Zip: TAMPA FL 33617

Title OFFICER
Name DANIELS, CONSTANCE
Address 3927 DUNAIRE DR.
City-State-Zip: BRANDON FL 33596

Title OFFICER
Name REYES, EDWARD J
Address 3302 N. TAMPA STREET
City-State-Zip: TAMPA FL 33603

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

Title TREASURER
Name DIXON, ROSEMARY
Address 2722 E. 12TH AVE.
City-State-Zip: TAMPA FL 33605

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****04/30/2019**

Electronic Signature of Signing Officer/Director Detail

Date