

**2015 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 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	TRE
Name	SUTTON, OLIVER
Address	12729 LAKE VISTA DR.
City-State-Zip:	GIBSONTOWN FL 33534
Title	SECRETARY
Name	TAYLOR, ROXIENNA
Address	11710 RAINTREE LN APT# A
City-State-Zip:	TAMPA FL 33617

Title	VP
Name	PICKETT, KEISHA
Address	P.O. BOX 4381
City-State-Zip:	BRANDON FL 33509
Title	ED
Name	DANIELS, CONSTANCE
Address	220 E. MADISON STREET
City-State-Zip:	TAMPA FL 33602
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