

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 18, 2015
Secretary of State
CC5013902329

Entity Name: AMERICAN OPTOMETRIC FOUNDATION, INC.

Current Principal Place of Business:

2909 FAIRGREEN STREET
ORLANDO, FL 32803

Current Mailing Address:

2909 FAIRGREEN STREET
ORLANDO, FL 32803

FEI Number: 43-0768182

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 PRESIDENT
Name KIRSCHEN, DAVID DR
Address 2909 FAIRGREEN STREET
City-State-Zip: ORLANDO FL 32803

Title EXECUTIVE DIRECTOR
Name SCHOENBRUN, LOIS
Address 2909 FAIRGREEN STREET
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name KOLLBAUM, PETE DR.
Address 2909 FAIRGREEN STREET
City-State-Zip: ORLANDO FL 32803

Title IMMEDIATE PAST PRESIDENT
Name DUMBLETON, KATHY DR.
Address 2909 FAIRGREEN STREET
City-State-Zip: ORLANDO FL 32803

Title PRESIDENT ELECT
Name CLAY, JUDY A DR.
Address 2909 FAIRGREEN STREET
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name EGER, SUSAN
Address 2909 FAIRGREEN STREET
City-State-Zip: ORLANDO FL 32803

Title SECRETARY TREASURER
Name HARRISON, WENDY W DR.
Address 2909 FAIRGREEN STREET
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name MADONNA, RICHARD A DR.
Address 2909 FAIRGREEN STREET
City-State-Zip: ORLANDO FL 32803

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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: LOIS SCHOENBRUN

EXECUTIVE DIRECTOR

03/18/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name NICHOLS, JASON J DR.
Address 2909 FAIRGREEN STREET
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name WALLINE, JERRFEY J DR.
Address 2909 FAIRGREEN STREET
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name CARLSON, DORI
Address 2909 FAIRGREEN STREET
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name QUINN, THOMAS G DR.
Address 2909 FAIRGREEN STREET
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name BAILEY, MELISSA
Address 2909 FAIRGREEN STREET
City-State-Zip: ORLANDO FL 32803