### **2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000003495

Entity Name: AMERICAN ACADEMY OF OPTOMETRY FOUNDATION, INC.

FILED
Apr 04, 2019
Secretary of State
4881487845CC

## **Current Principal Place of Business:**

2909 FAIRGREEN STREET ORLANDO, FL 32803

# **Current Mailing Address:**

2909 FAIRGREEN STREET ORLANDO. FL 32803 US

FEI Number: 43-0768182 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

INCORP SERVICES, INC. 17888 67 CT N LOXAHATCHEE, FL 33470 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 EXECUTIVE DIRECTOR Title DIRECTOR

Name SCHOENBRUN, LOIS Name GIEDD, KERRY DR.

Address 2909 FAIRGREEN STREET Address 2909 FAIRGREEN STREET

City-State-Zip: ORLANDO FL 32803 City-State-Zip: ORLANDO FL 32803

Title TREASURER Title DIRECTOR

NameCOULTER, RACHELNameWALLINE, JEFFREY J DR.Address2909 FAIRGREEN STREETAddress2909 FAIRGREEN ST.City-State-Zip:ORLANDO FL 32803City-State-Zip:ORLANDO FL 32803

Title DEPUTY EXECUTIVE DIRECTOR, Title PRESIDENT

FINANCE AND ADMINISTRATION Name KOLLBAUM, PETE

Name JONES, RICHARD Address 2909 FAIRGREEN STREET

Address 2909 FAIRGREEN STREET City-State-Zip: ORLANDO FL 32803

City-State-Zip: ORLANDO FL 32803

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 EXE

Electronic Signature of Signing Officer/Director Detail

EXECUTIVE DIRECTOR 04/04/2019

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