FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 26 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **706503** **(0)**

1. Corporation Name

NATIONAL SOCIETY TO PREVENT BLINDNESS, FLORIDA AFFILIATE, INC.

Principal Place of Business	Mailing Address
1211 N. WESTSHORE BLVD. SUITE 204 TAMPA FL 33607	1211 N. WESTSHORE BLVD. SUITE 204 TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/07/1963
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-6181662 ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business	711 E. Kennedy Blvd.
22 Suite, Apt. #, etc.	
23 City & State	Tampa, FL
24 Zip / 25 Country	33602 / USA
26 2a. Mailing Address	711 E. Kennedy Blvd.
27 Suite, Apt. #, etc.	
28 City & State	Tampa, FL
29 Zip / 30 Country	33602 / USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status XX **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~JORDAN-HOLMES SARAH CFRE~~
~~1211 N WESTSHORE BLVD.~~
~~STE 204~~
~~TAMPA FL 33607~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 711 E. Kennedy Blvd.
83
84 City: Tampa **FL** 85 Zip Code: 33602

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Sarah Jordan-Holmes 3/28/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~	1.1 TITLE	D	☒ Change ☐ Addition
NAME	~~PRISELAC, ROBERT~~	1.2 NAME	Dozier, Alan P.	
STREET ADDRESS	~~7208 BROOKHAVEN TERRACE~~	1.3 STREET ADDRESS	8500 Hidden River Parkway	
CITY-ST-ZIP	~~ENGLEWOOD FL~~	1.4 CITY-ST-ZIP	Tampa, FL 33637	
TITLE	~~CD~~	2.1 TITLE	D	☒ Change ☐ Addition
NAME	~~CARUNCHO, JOSEPH L~~	2.2 NAME	Salud, Violeta B.	
STREET ADDRESS	~~1401 BRICKELL AVE., #700~~	2.3 STREET ADDRESS	251 E. Park Avenue, #104	
CITY-ST-ZIP	~~MIAMI FL~~	2.4 CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE	~~TD~~	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	~~CUNNINGHAM, KAY~~	3.2 NAME	Pender, Jr., Michael R.	
STREET ADDRESS	~~115 112 TH AVE., N., #1028~~	3.3 STREET ADDRESS	4803 Winchester Drive	
CITY-ST-ZIP	~~ST PETERSBURG FL~~	3.4 CITY-ST-ZIP	Sarasota, FL 34234	
TITLE	D	4.1 TITLE	CD	☒ Change ☐ Addition
NAME	EVERIDGE, BVENJAMIN J	4.2 NAME	Everidge, Benjamin J.	
STREET ADDRESS	1704 BRIARCLIFF DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	STILES, CHARLES B	5.2 NAME		
STREET ADDRESS	12539 BARRINGTON CT SW	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	SD	☐ Change ☐ Addition
NAME	HESSLER, MARY A	6.2 NAME		
STREET ADDRESS	2914 ALLINE AVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Hessler 4/18/94 (813) 874-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0014181

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT, SECTION AT (904) 487-6056.

FILING FEE $130.00	ANNUAL REPORT $61.25 + $68.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

Reminder:

1. Changes in addresses, officers and registered agent must be typed or printed in ink and legible.
2. Include information in Blocks 3 and 4 if not preprinted by the computer.
3. Signature of the proper officer or director as noted in instructions for Block 14.
4. Indicate liability for intangible tax under s. 199.032, Florida Statutes, in Block 8.
5. Submit with total amount due in the form of a separate check for each filing. (Payable in United States Funds through a United States Bank to Department of State.) Fee is $130.00.

Block 1. Block 1 is preprinted with the corporation's name, document number, mailing address and principal place of business as previously reported to our office. The name of corporation cannot be changed by way of this annual report.

Block 2. Enter the principal place of business if different from the mailing address, or if it has been changed from what was previously reported, in Block 2.

Block 2a. If the computer-entered mailing address in Block 1 is incorrect, enter the new mailing address in Block 2a. A Post Office Box is acceptable.

Block 3. Enter the date of incorporation or qualification with this office if Block 3 is blank.

Block 3a. Enter the file date of the last fil

Block 4. Complete Block 4 by entering ppropriate box. If "applied for" is preprinted in Block 4, you must now provide the FEI number. F

Block 5. Should you desire a certificate k the BOX in Block 5 and include an additional $8.75 with your filing fee.

Block 6. Florida law allows for a volunta public financing of political campaigns for the offices of the Governor and members of the Cabinet. If

Block 7. If this corporation is a non-pro nal Revenue Service Code, please check the box. The corporation is not subject to the $68.75 su 5. All other non-profit corporations must pay the supplemental corporation fee. Please direct a (3) status.

Block 8. Check the appropriate box. Ple ng 1-800-352-3671.

Block 9. The law requires that each cor computer entry in Block 9 is incorrect, enter the correct information in Block 10. There is no additic

Block 10. Enter name of new Registered P.O. Box or mail service is NOT acceptable for service of process. THE CORPORATION CANNOT

Block 11. The new registered agent mus ptance of these obligations and this appointment by completing and signing in Block 11. No signat tered Agent is a different corporation, the person signing must state their position with the corpora this form.

Block 12. Block 12 contains the last information on officers/directors reported to our office. Please do not make any marks in block 12, corrections or additions are to be made in block 13. If there is no change in the information, nothing else is required.

Block 13. Block 13 is for changes or additions to the existing Officers/Directors in Block 12. Changes must be typed or printed and legible. Use the following type symbols on the title line: *P=President; V=Vice President; T=Treasurer; S=Secretary; D=Director; C=Chairman; M=Managing Director. If a person holds more than one position, enter all positions, e.g., S/D; V/S; V/T/D.* A NON-PROFIT CORPORATION MUST LIST THREE (3) DIRECTORS OR TRUSTEES WITH THEIR STREET ADDRESSES. THE LETTER "D" or "T" MUST BE PLACED BY THE NAME OF EACH DIRECTOR. NOTE: A DIRECTOR MUST BE A NATURAL PERSON 18 YEARS OF AGE OR OLDER. NOTE: If officer or director's address is confidential pursuant to Section 119.07(k), Florida Statutes, an alternate address must be provided. Officers/Directors must list street addresses. If there is no street address, enter the mailing address and "N/A".

Block 14. This report must be signed in Block 14 with an original signature by either the President, Vice President, Secretary, Treasurer or Director of the Corporation that is listed in Block 12, Block 13 if a change, or on an attachment with a street address. If the corporation is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 14 is unacceptable.

Send only 1995 Preprinted Annual Reports with stub and check to:

Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, Florida 32302-1500
Phone Number: (904) 487-6056

Send all other filings and correspondence to this address:

Annual Reports Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Street Address (Overnight Delivery):
409 East Gaines Street
Tallahassee, Florida 32399

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the prescribed time frame.