FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 706503 (0)

1. Corporation Name

NATIONAL SOCIETY TO PREVENT BLINDNESS, FLORIDA AFFILIATE, INC.

Principal Place of Business	Mailing Address
~~711 E. KENNEDY BLVD~~ P.O. Box 172418 ~~SUITE 204~~ ~~TAMPA FL 33602~~ Tampa, FL 33672 US	~~711 E. KENNNEDY BLVD.~~ P.O. Box 172418 ~~SUITE 204~~ ~~TAMPA FL 33602~~ Tampa, FL 33672 US

3. Date Incorporated or Qualified: 11/07/1963
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-6181662 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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
711 E. KENNEDY BLVD.
~~SUITE 204~~
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Sarah Jordan-Holmes Sarah Jordan-Holmes 4-29-96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOZIER, ALAN P 8500 HIDDEN RIVER PKWY. TAMPA FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D Salud, Violeta B. 1 West Central Ave. Ste 103 Lake Wales, FL 33853	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD ~~CARUNCHO, JOSEPH L~~ ~~1401 BRICKELL AVE., #700~~ ~~MIAMI FL~~	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	CD John W. Lewis 600 Wharfside Way Jacksonville, FL 32207-8188	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PENDER, JR. M R. 4803 WINCHESTER DRIVE SARASOTA FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D Bret L. Fisher, M.D 470 Harrison Ave ~~Panama City, FL 32401~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD ~~EVERIDGE, BENJAMIN J~~ ~~1704 BRIARCLIFF DR~~ ~~ORLANDO FL~~	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D Gorzka, Patricia A., Ph.D.R.N.C. 12901 Bruce B. Downs Blvd, Box 22 ~~Tampa, FL 33612-4799~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~STILES, CHARLES B~~ ~~12539 BARRINGTON CT SW~~ ~~FT MYERS FL~~	☒ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	800001858288 -06/11/96--01100--045 ***61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ~~HESSLER, MARY A~~ ~~2914 ALLINE AVE~~ ~~TAMPA FL~~	☒ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	Pres & CEO Jordan-Holmes, Sarah 711 KENNEDY BLVD P.O. Box 172418 TAMPA, FL 33602 Tampa, FL 33602	☐ Change ☒ Addition

CR2E037 (12/95)

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)(k), 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 Sarah Jordan-Holmes Sarah Jordan-Holmes 4-29-96 813-874-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #