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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
PO BOX 172418 TAMPA FL 33672 US	PO BOX 172418 TAMPA FL 33672-0418 US

3. Date Incorporated or Qualified: 11/07/1963
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 3825 Henderson Blvd.	26 3825 Henderson Blvd.
Suite, Apt. #, etc. 22 Suite 402	Suite, Apt. #, etc. 27 Suite 402
City & State 23 Tampa, FL	City & State 28 Tampa, FL
Zip 24 33629 Country 25 US	Zip 29 33629 Country 30 US

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	10. Name and Address of New Registered Agent
JORDAN-HOLMES SARAH CFRE ~~711 E. KENNEDY BLVD.~~ ~~TAMPA FL 33602~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3825 Henderson Blvd. 83 Suite 402 84 City Tampa, FL 85 Zip Code 33629

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 X Sarah Jordan-Holmes, CFRE 5-14-97
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	☒ DELETE	1.1 TITLE	TD	☐ Change ☒ Addition
NAME	DOZIER, ALAN P		1.2 NAME	Linda C. McGurn	
STREET ADDRESS	8500 HIDDEN RIVER PKWY.		1.3 STREET ADDRESS	101 S.E. 2nd Place, Suite 202	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Gainesville, FL 32601	
TITLE	CD	☒ DELETE	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	LEWIS, JOHN W.		2.2 NAME	Patrick J. McNamara	
STREET ADDRESS	600 WHARFSIDE WAY		2.3 STREET ADDRESS	201 N. Franklin St., Suite 2300	
CITY-ST-ZIP	JACKSONVILLE FL 32207-8188		2.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE	TD	☐ DELETE	3.1 TITLE	CD	☒ Change ☐ Addition
NAME	PENDER, JR. M R.		3.2 NAME	Michael R. Pender, JR.	
STREET ADDRESS	4803 WINCHESTER DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GORZKA, PATRICIA A., PH.D.R.N.C.....		4.2 NAME		
STREET ADDRESS	12901 BRUCE B. DOWNS BLVD., BOX 22		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33612-4799		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	PCD	☒ Change ☐ Addition
NAME	SALUD, VIOLETA B.		5.2 NAME		
STREET ADDRESS	1 WEST CENTRAL AVE., STE 103		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL 33853		5.4 CITY-ST-ZIP		
TITLE	PCEO	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	JORDON/HOLMES, SARAH		6.2 NAME		
STREET ADDRESS	711 KENNEDY BLVD.		6.3 STREET ADDRESS	3825 Henderson Blvd., Suite 402	
CITY-ST-ZIP	TAMPA FL 33602		6.4 CITY-ST-ZIP	Tampa, FL 33629	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Sarah Jordan-Holmes 5-14-97 813-874-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0049096