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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
3825 HENDERSON BLVD. STE. 402 TAMPA FL 33629 US	3825 HENDERSON BLVD. STE. 402 TAMPA FL 33629 US

3. Date Incorporated or Qualified: 11/07/1963

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No N/A

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

9. Name and Address of Current Registered Agent

JORDAN-HOLMES SARAH CFRE
3825 HENDERSON BLVD.
STE. 402
TAMPA FL 33629

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCGURN, LINDA C		1.2 NAME		
STREET ADDRESS	101 S.E. 2ND PLACE, STE. 202		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCNAMARA, PATRICK J		2.2 NAME		
STREET ADDRESS	201 N. FRANKLIN ST., STE. 2300		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PENDER, MICHAEL R JR.		3.2 NAME		
STREET ADDRESS	4803 WINCHESTER DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE	PCD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SALUD, VIOLETA B.		4.2 NAME		
STREET ADDRESS	1 WEST CENTRAL AVE., STE 103		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		4.4 CITY-ST-ZIP		
TITLE	PCEO	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JORDON/HOLMES, SARAH		5.2 NAME		
STREET ADDRESS	3825 HENDERSON BLVD., STE. 402		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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 (813) 874-2020