2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # 706503



FILED

Aug 23, 2005 8:00 am Secretary of State

08-23-2005 90014 001 ****61.25

08-23-2005 90014 002 *****8.75 NATIONAL SOCIETY TO PREVENT BLINDNESS, FLORIDA AFFILIATE, INC. Principal Place of Business Mailing Address 3825 HENDERSON BLVD. 3825 HENDERSON BLVD. SUITE 402 SUITE 402 TAMPA, FL 33629 TAMPA, FL 33629 us 2. Principal Place of Business 3. Mailing Address 1112 E. Kennedu 1112 E.Kenned Suite, Apt. #, etc. Suite, Apt. #, etc. 08102005 Chg-NP * CR2E037 (10/03) Applied For 4. FEI Number 59-6181662 Florida Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JORDAN-HOLMES SARAH CFRE 3825 HENDERSON BLVD. STE. 402 TAMPA, FL 33629 Zip Code (2) TAN199 8. 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. I am familiar with, and accept the obligations of registered agent. <u>lordan-tto lime</u> (NOTE: Registered Agent algnature 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 7, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete СН TITLE Chairman Change ☐ Addition TITLE NORTON, ISABEL T NAME NAME Thomas M. Riedhammer STREET ADDRESS 1500 NORTH DRIVE STREET ADDRESS 309 Hidden Lake Dr. CITY-ST-ZIP SARASOTA, FL 34239 CITY-ST-7IP BRANDON, FLORIDA 33511 IPC 🕁 TITLE ☐ Delete Change **Addition** DICCHARMAN MCNAMARA, PATRICK J NAME NAME Karen arnolo 11200 9th St. N. ST PETERS BURE TREASURE 2 STREET ADDRESS 101 E KENNEDY BLVD SUITE 3400 STREET ADDRESS 516 100 CITY-ST-ZIP TAMPA, FL 33602 CITY-ST-ZIP FI 33716 ulk TD Delete TITLE TITLE Change ☐ Addition ESPOSITO, DEBORAH S David DUNBAR NAME NAME 74th Place 7 H. 33619 10195 WINDTREE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEMINOLE, FL 33772 CITY-ST-ZIP TITLE CE Delete ice chairman TITLE Change Addition A Sauche PINNEY, STEVEN NAME NAME 75 58th st. N. Ste 2020 STREET ADDRESS 8813HWY 41 SOUTH STREET ADDRESS CITY-ST-ZIP RIVERVIEW, FL 33569 CITY-ST-ZIP 33760 **PCEO** ☐ Defete TITLE TITLE ☐ Change Addition JORDAN-HOLMES, SARAH NAME NAME STREET ADDRESS 3825 HENDERSON BLVD., STE. 402 STREET ADDRESS CITY-ST-7/P TAMPA, FL 33629 CITY-ST-ZIP SD TITLE TITI F ✓ Addition ☐ Delete ☐ Change ANTHONY, KENNETH D NAME NAME STREET ADDRESS 1101 N. HOWARD AVENUE STREET ADDRESS TAMPA, FL 33607 CITY+ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.