

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706503

FILED
Apr 13, 2009
Secretary of State

Entity Name: NATIONAL SOCIETY TO PREVENT BLINDNESS, FLORIDA AFFILIATE, INC.

Current Principal Place of Business:

1112 E KENNEDY BLVD
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

1112 E KENNEDY BLVD
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: 59-6181662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIEDHAMMER, THOMAS M.
1112 E KENNEDY BLVD
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

TOBIN, JAMES J.
1112 E KENNEDY BLVD
TAMPA, FL 33602 US

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.

SIGNATURE: JAMES TOBIN

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: SANCHEZ, RICHARD L
Address: 13575 58TH ST. NORTH
City-St-Zip: ST. PETERSBURG, FL 33760

Title: IPC () Delete
Name: RIEDHAMMER, THOMAS M
Address: 309 HIDDEN LAKE DR.
City-St-Zip: BRANDON, FL 33511

Title: VC () Delete
Name: MEYERING, ROBERT J
Address: 8500 HIDDEN RIVER PARKWAY
City-St-Zip: TAMPA, FL 33637

Title: T () Delete
Name: DUNBAR, DAVID C
Address: 285 W 74TH PLACE
City-St-Zip: HIALEAH, FL 33014

Title: PCEO () Delete
Name: TOBIN, JAMES J
Address: 1112 E KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33602

Title: SEC () Delete
Name: MCNAMARA, PATRICK J
Address: 101 E KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: BAKEWELL, KEVIN
Address: 1515 N. WESTSHORE BLVD.
City-St-Zip: TAMPA, FL 33607

Title: IPC (X) Change () Addition
Name: SANCHEZ, RICHARD L
Address: 19321-C US HWY 19 NORTH, STE. 320
City-St-Zip: CLEARWATER, FL 33764

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES J. TOBIN

CEO

04/13/2009

Electronic Signature of Signing Officer or Director

Date