

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **706835** (6)

1. Corporation Name

**CENTRAL FLORIDA LIONS SIGHT CLINIC, INC.**

Principal Place of Business

Mailing Address

**1 E. COLONIAL DRIVE  
ORLANDO FL 32801**

**1 E. COLONIAL DRIVE  
ORLANDO FL 32801-1215**

3. Date Incorporated or Qualified  
**02/17/1964**

3a. Date of Last Report  
**03/22/1996**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

**25** Country

**28** Zip

**30** Country

4. FEI Number  
**59-6173286**

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

**WOOLDRIDGE, ARVILLE L.  
5524 WESTBURY DR.  
ORLANDO FL 32808**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITILE ☐ DELETE  
NAME **T**  
STREET ADDRESS **WOOLDRIDGE, ARVILLE L.**  
CITY-ST-ZIP **5524 WESTBURG, DR.  
ORLANDO FL**

TITILE ☐ DELETE  
NAME **P**  
STREET ADDRESS **HUNTER, JOHN G.**  
CITY-ST-ZIP **7606 BROCKBANK DR.  
ORLANDO FL**

TITILE ☒ DELETE  
NAME **VP**  
STREET ADDRESS **MICHAEL, MAUREEN**  
CITY-ST-ZIP **8677 VESTA TERR  
ORLANDO FL**

TITILE ☐ DELETE  
NAME **D**  
STREET ADDRESS **NEDLEY, PAUL**  
CITY-ST-ZIP **9930 CHESLAM DR  
ORLANDO FL**

TITILE ☐ DELETE  
NAME **D**  
STREET ADDRESS **SCHEIRMAN, JOHN**  
CITY-ST-ZIP **433 SUN LAKE CIR  
LAKE MARY FL**

TITILE ☐ DELETE  
NAME **S**  
STREET ADDRESS **KOZUMPLIK, FRANK**  
CITY-ST-ZIP **1140 WILLOWBROOK TRAIL  
MAITLAND FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition  
1.2 NAME **T/D**  
1.3 STREET ADDRESS **WOOLDRIDGE, ARVILLE L.**  
1.4 CITY-ST-ZIP **5524 WESTBURY DR.**

2.1 TITLE **P/D** ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE **V P/D** ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE **S/D** ☐ Change ☒ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 **ARVILLE L.**

CR2E037 (9/96)