

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **706835** (6)  
1. Corporation Name

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



Principal Place of Business <b>1 E. COLONIAL DRIVE ORLANDO FL 32801</b>	Mailing Address <b>1 E. COLONIAL DRIVE ORLANDO FL 32801</b>
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3. Date Incorporated or Qualified  
**02/17/1964**

4. FEI Number  
**59-6173286**

Applied For  
Not Applicable

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

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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOLDRIDGE, ARVILLE L.	1.2 NAME	
STREET ADDRESS	5524 WESTBURY DR.	1.3 STREET ADDRESS	<b>WOOLDRIDGE P.O. BOX 680665</b>
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	<b>ORLANDO, FL 32868</b>
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTER, JOHN G.	2.2 NAME	
STREET ADDRESS	7806 BROCKBANK DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	<b>VPD</b>
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEDLEY, PAUL	3.2 NAME	
STREET ADDRESS	9930 CHESLAM DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	<b>PD</b>
TITLE	VPD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEIRMAN, JOHN	4.2 NAME	
STREET ADDRESS	433 SUN LAKE CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOZUMPLIK, FRANK	5.2 NAME	
STREET ADDRESS	1140 WILLOWBROOK TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Arville L. Wooldrige* **ARVILLE L. WOOLDRIDGE** **3-13-98** **407291-9085** (UNL)

CR2E037 (10/97)