

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 706835

1. Corporation Name

CENTRAL FLORIDA LIONS SIGHT CLINIC, INC.

Principal Place of Business

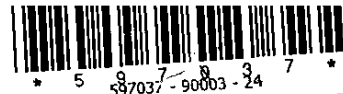
1 E. COLONIAL DRIVE  
ORLANDO FL 32801

Mailing Address

1 E. COLONIAL DRIVE  
ORLANDO FL 32801

FILED  
Jul 28, 1999 8:00 am  
Secretary of State

07-28-1999 90003 024 \*\*\*\*61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/17/1964

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

9. Name and Address of Current Registered Agent

~~WOOLRIDGE, ARVILLE L.~~  
~~5524 WESTBURY DR.~~  
~~ORLANDO FL 32808~~

NEDLEY, PAUL J.  
9930 CHESHAM DR.  
ORLANDO FL  
32817-3280

10. Name and Address of New Registered Agent

81 Name

NEDLEY PAUL J.

82 Street Address (P.O. Box Number is Not Acceptable)

9930 CHESHAM DR.

83

ORLANDO FL

84 City

FL

85 Zip Code  
32817

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

*Paul J. Nedley*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

July 14-1999

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE  
NAME TD  
STREET ADDRESS WOOLRIDGE,  
CITY-ST-ZIP P O BOX BOX 680665  
ORLANDO FL 32868

TITLE ☐ DELETE  
NAME VPD  
STREET ADDRESS HUNTER, JOHN G.  
CITY-ST-ZIP 7606 BROCKBANK DR.  
ORLANDO FL

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS NEDLEY, PAUL  
CITY-ST-ZIP 9930 CHESLAM DR  
ORLANDO FL

TITLE ☐ DELETE  
NAME SD  
STREET ADDRESS KOZUMPLIK, FRANK  
CITY-ST-ZIP 1140 WILLOWBROOK TRAIL  
MAITLAND FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP 32809

3.1 TITLE P.T.D. ☒ Change ☒ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP 32817-3280

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP 32751

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

*Paul J. Nedley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407  
JULY 14-99 679-4690

Date

Daytime Phone #

CR2E037 (5/99)

DATE

To:

From:

Sorry to be so late but the Doc. here,  
had a Brain Cancer and has passed away.  
I am trying to push up where he left off.  
Will be prompt for next years renewal.

Sincerely

Paul J. Bradley

597637-90003-24  
706 835

