## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#710089**

FILED May 03, 2007 Secretary of State

Entity Name: FLORIDA OPTOMETRIC ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

401 OFFICE PLAZA DRIVE TALLAHASSEE, FL 32301 US

Current Mailing Address: New Mailing Address:

401 OFFICE PLAZA DRIVE TALLAHASSEE, FL 32301 US

FEI Number: 59-0836623 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FRANKLIN, KENNETH L MR 401 OFFICE PLAZA DRIVE TALLAHASSEE, FL 32301 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:

City-St-Zip:

- Flackwaria Cianakura of Davisharad Anauk

City-St-Zip:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

PALM BAY, FL 329054002

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FT WALTON, FL 32547

Title:DS( ) DeleteTitle:DV(X) Change ( ) AdditionName:WILES, R.ANDREW DR.Name:WILES, R.ANDREW DR.Address:2 SAINT JOHNS MEDICAL PK DRAddress:2 SAINT JOHNS MEDICAL PK DRCity-St-Zip:SAINT AUGUSTINE, FL 32086City-St-Zip:SAINT AUGUSTINE, FL 32086

Title: D ( ) Delete Title: DP (X) Change ( ) Addition Name: TERRY, TUCKER DR. Name: TERRY, TUCKER DR.

 Address:
 88 PINE ISLAND RD #3
 Address:
 88 PINE ISLAND RD #3

 City-St-Zip:
 NORTH FORT MYERS, FL 33903
 City-St-Zip:
 NORTH FORT MYERS, FL 33903

Title: D ( ) Delete Title: DS (X) Change ( ) Addition

Name: BALIUS, EMILIO H DR Name: BALIUS, EMILIO H DR

 Address:
 1097 S LE JEUNE RD
 Address:
 1097 S LE JEUNE RD

 City-St-Zip:
 CORAL GABLES, FL 333142639
 City-St-Zip:
 CORAL GABLES, FL 333142639

City-St-Zip: CORAL GABLES, FL 333142639 City-St-Zip: CORAL GABLES, FL 333142639

Title: DC ( ) Delete Title: D (X) Change ( ) Addition Name: COBB, JAMES DR Name: FREGGER, MICHAEL DR Address: 2186 HARRIS AVE NE #1 Address: 17 RACETRACK RD

Title: DP ( ) Delete Title: DC (X) Change ( ) Addition

 Name:
 PEARL, SCOTT DR
 Name:
 PEARL, SCOTT DR

 Address:
 18415 PINES BLVD
 Address:
 18415 PINES BLVD

City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: PEMBROKE PINES, FL 33029

Title: DV ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 WILLIAM, TANKE D DR
 Name:
 BOYLE, KENNETH DR

 Address:
 4235 HICKORY DRIVE
 Address:
 7905 N WICKHAM RD

 City-St-Zip:
 PALM BEACH GARDENS, FL 33461
 City-St-Zip:
 MELBOURNE, FL 32940

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: TERRY L TUCKER DP 05/03/2007