2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2005 8:00 am Secretary of State 01-24-2005 90032 047 ****61.25

| DOCUMENT # 714355 1. Entity Name FLORIDA OPTOMETRIC ASSOCIATION CHARITIES, INC. | | | | |) | 01-24-2003 | 01 | .23 | |
|--|--|---|---|--|--|---|---------------------------|-----------------------------|--|
| SUITE 200 | e of Business IGTON CIRCLE NORTH E, FL 32309 US | SUITE 200 | 2958 WELLINGTON CIRCLE NORTH | | 40004432 | | | | |
| 2. Principal Place of Business 3. I | | 3. Mailing Address |). Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 01052005 | Chg-NP | CR2E037 (10/03) | | |
| City & State | | City & State | City & State | | 4. FEI Numbe 59-1261 | | | oplied For ot Applicable | |
| Zip | Country | Zip | Cou | ntry | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | |
| | 6Name and Address of Current F | Name 7Name and Address of New Registered Agent Name | | | | | | | |
| CARSON, LEONARD A 2958 WELLINGTON CIRCLE NORTH SUITE 200 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| TALLAHASSEE, FL 32308 32309 | | | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | City FL Zip Code | | | | | |
| | named entity submits this statement for ions of registered agent. | the purpose of changing i | ts registere | ed office or registe | ered agent, or both | n, in the State of Flo | orida. I am familiar with | and accept | |
| SIGNATURE . | Signature, typed or printed name of registered agent a | nd lels d'apploable (M | TE: Bearing | d Agent signature require | ad when constituted) | | DATE | | |
| | Filing Fee Is \$61.25 Due by May 1, 2005 | 9. Election C | 9. Election Campaign Financing Trust Fund Contribution. | | | \$5.00 May Be Added to Fees Make check payable to Florida Department of State | | | |
| 10. | OFFICERS AND DIR | | 11. | | ADDITIONS/CHA | NGES TO OFFICE | RS AND DIRECTORS IN | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | KOSANOVICH, TAD O.D 150 SOUTH INDIANA AVE ENGLEWOOD, FL 34223 | □ Delete | | E Et address -st-zip | See AHa | rchment | Change | . Addilion | |
| TITLE NAME STREET ADDRESS CITY-ST-ZP | VD BARKER, GARY O.D. 1928 HOWELL BRANCH ROAD WINTER PARK, FL 327921013 | ☐ Delete | | E Et address -St-2ip | See Atta | chment | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WOLF, KAREN O.D. 264 ROYAL TERN ROAD, NORT PONTE VEDRA BEACH, FL 320 | | | ET ADDRESS | See AHA | chment | ⊠ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BARKER, GARY O.D. 1928 HOWELL BRANCH ROAD WINTER PARK, FL 32792 | 🔀 Delete | | E ST ADDRESS -ST-ZIP | Bee Atta | 1chment | ⊠ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LOCKE, JEFF O.D. 2420 S BABCOCK STREET MELBOURNE, FL 32901 | ☐ Delete | | -ST-ZIP | See Atta | | ⊠ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D YOUNG, ART O.D. 3005 S.E. 22ND PLACE CAPE CORAL, FL 33904 | ⊠ Delete | | E Et address -ST-ZIP | See AHA | chment | ☐ Change | Addition | |
| | | | | | Section 119.07(3)(i | | | | |

indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 으

HOL KOSAMOWYK SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tad Kosanovich, O.D.

ATTACHMENT

H0004432 #714355

Directors of Florida Optometric Association Charities, Inc.

Title:

PD

Name:

Kosanovich, Tad, O.D.

Street Address:

150 South Indiana Ave.

City-State-Zip:

Englewood, Florida 34223-3307

Title:

VD

Name:

Barker, Gary, O.D.

Street Address:

1928 Howell Branch Road

City-State-Zip:

Winter Park, Florida 32792-1013

Title:

SD

Name:

Broome III, Frank, O.D.

Street-Address:

-2902-224th Street ---

City-State-Zip:

Lake City, Florida 32024-2504

Title:

TD

Name:

Locke, Jeff, O.D.

Street Address:

2420 S. Babcock Street

City-State-Zip:

Melbourne, Florida 32901

Title:

D

Name:

Kepley, Stephen, O.D.

Street Address:

1960 25th Ave., Suite B

City-State-Zip:

Vero Beach, Florida 32960-3063

Title:

D

Name:

Lawson, Kenneth, O.D. 5632 26th Street, West

Street Address: City-State-Zip:

Bradenton, Florida 34207

Title:

D

Name:

Petito, Timothy, O.D.

Street Address:

8695 4th Street, North

City-State-Zip:

St. Petersburg, Florida 33702-3101

Title:

D

Name:

Rouse, David, O.D.

Street Address:

15908 W. State Rd. 84

City-State-Zip:

Sunrise, Florida 33326-1233

Title:

D

Name:

Wolf, Karen, O.D.

Street Address:

264 Royal Tern Rd., North

City-State-Zip:

Ponte Vedra Beach, Florida 32082-6275