

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90001 021 ****61.25

DOCUMENT # 714355

1. Entity Name
FLORIDA OPTOMETRIC ASSOCIATION CHARITIES, INC.



Principal Place of Business
**2958 WELLINGTON CIRCLE NORTH
SUITE 200
TALLAHASSEE, FL 32309 US**

Mailing Address
**2958 WELLINGTON CIRCLE NORTH
SUITE 200
TALLAHASSEE, FL 32309 US**



02072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1261771

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CARSON, LEONARD A
2958 WELLINGTON CIRCLE NORTH
SUITE 200
TALLAHASSEE, FL 32309**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOSANOVICH, TAD O.D 150 SOUTH INDIANA AVE ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARKER, GARY O.D. 1928 HOWELL BRANCH ROAD WINTER PARK, FL 327921013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWSON, KENNETH OD 5632 26TH STREET BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROOME III, FRANK O.D. 2902 224TH STREET LAKE CITY, FL 320242504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOCKE, JEFF O.D. 2420 S BABCOCK STREET MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, JOHN JR O.D. 426 MANATEE AVENUE WEST BRADENTON, FL 34205

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Frank Broome III, O.D., President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-08
Date

386-752-1722
Daytime Phone #

Frank Broome, III, O.D., President

ATTACHMENT

714355

40032580

Directors of Florida Optometric Association Charities, Inc.

Title: PD
Name: Broome III, Frank, O.D.
Street Address: 2902 224th Street
City-State-Zip: Lake City, Florida 32024-2504

Title: VD
Name: Barker, Gary, O.D.
Street Address: 1928 Howell Branch Road
City-State-Zip: Winter Park, Florida 32792-1013

Title: SD
Name: Kosanovich, Tad, O.D.
Street Address: 150 S. Indiana Avenue
City-State-Zip: Englewood, Florida 34223-3307

Title: TD
Name: Locke, Jeff, O.D.
Street Address: 2420 S. Babcock Street
City-State-Zip: Melbourne, Florida 32901

Title: D
Name: Lewis, Jr., John, O.D.
Street Address: 426 Manatee Avenue, West
City-State-Zip: Bradenton, Florida 34205

Title: D
Name: Lawson, Kenneth, O.D.
Street Address: 5632 26th Street, West
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: Rosenbaum, Mary, O.D.
Street Address: 12075 Cheyenne Court
City-State-Zip: Jacksonville, Florida 32223-3241

Title: D
Name: Rubin, David, O.D.
Street Address: 107 Shamrock Boulevard
City-State-Zip: Venice, Florida 34293-1630