

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714355

FILED
Jan 04, 2010
Secretary of State

Entity Name: FLORIDA OPTOMETRIC ASSOCIATION CHARITIES, INC.

Current Principal Place of Business:

2958 WELLINGTON CIRCLE NORTH
SUITE 200
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

2930 WELLINGTON CIRCLE
SUITE 201
TALLAHASSEE, FL 32309 US

Current Mailing Address:

2958 WELLINGTON CIRCLE NORTH
SUITE 200
TALLAHASSEE, FL 32309 US

New Mailing Address:

2930 WELLINGTON CIRCLE
SUITE 201
TALLAHASSEE, FL 32309 US

FEI Number: 59-1261771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CARSON, LEONARD A
2930 WELLINGTON CIRCLE
SUITE 201
TALLAHASSEE, FL 32309 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:

01/04/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD
Name: KOSANOVICH, TAD O.D
Address: 150 SOUTH INDIANA AVE
City-St-Zip: ENGLEWOOD, FL 342233307 US

Title: PD
Name: RUBIN, DAVID O.D.
Address: 107 SHAMROCK BLVD.
City-St-Zip: VENICE, FL 342931630 US

Title: VD
Name: LEWIS, JOHN JR OD
Address: 426 MANATEE AVENUE WEST
City-St-Zip: BRADENTON, FL 34205 US

Title: D
Name: BROOME III, FRANK O.D.
Address: 2902 224TH STREET
City-St-Zip: LAKE CITY, FL 320242504 US

Title: TD
Name: LOCKE, JEFF O.D.
Address: 2420 S BABCOCK STREET
City-St-Zip: MELBOURNE, FL 32901 US

Title: D
Name: LAWSON, KENNETH O.D.
Address: 5632 26TH STREET WEST
City-St-Zip: BRADENTON, FL 34207 US

I hereby 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 all other like empowered.

SIGNATURE: DAVID RUBIN

PD

01/04/2010

Electronic Signature of Signing Officer or Director

Date