2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# 756244

Entity Name: CENTRAL FLORIDA SOCIETY OF OPTOMETRIC PHYSICIANS, INC.

Current Principal Place of Business:

1499 W HWY 434
LONGWOOD, FL 32750 US

New Principal Place of Business:

1495 W HWY 434
LONGWOOD, FL 32750 US

Current Mailing Address:

1499 W HWY 434
LONGWOOD, FL 32750 US

New Mailing Address:

1495 W HWY 434
LONGWOOD, FL 32750 US

FEI Number: 59-1860864 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZORN, STEVEN J.
1495 W HWY 434
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: JONES, BRIAN DR
Address: 160 BOSTON AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: P ( ) Delete
Name: GIBBONS, LISA DR
Address: 3405 US HW 17-92
City-St-Zip: CASSELBERRY, FL

Title: T ( ) Delete
Name: STEVEN, ZORN
Address: 227 MOUNTS BAY CT
City-St-Zip: LONGWOOD, FL

Title: D ( ) Delete
Name: DEN BESTE, BRIAN
Address: 121 W. UNDERWOOD
City-St-Zip: ORLANDO, FL

Title: D ( ) Delete
Name: GIEDD, BRAD DR
Address: 1928 HOWELL BRANCH RD
City-St-Zip: WINTER PARK, FL

Title: P ( ) Delete
Name: STERLING, ALICE DR
Address: 5725 CANTON COVE #11
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: PERRY, MARK DR
Address: 2752 E SR 50
City-St-Zip: ORLANDO, FL 32701

Title: P (X) Change ( ) Addition
Name: SMITH, KIRK
Address: 948 N PINE HILLS RD
City-St-Zip: ORLANDO, FL

Title: T (X) Change ( ) Addition
Name: STEVEN, ZORN
Address: 227 MOUNTS BAY CT
City-St-Zip: LONGWOOD, FL 32779

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: GIEDD, BRAD DR
Address: 1928 HOWELL BRANCH RD
City-St-Zip: WINTER PARK, FL

Title: D (X) Change ( ) Addition
Name: STERLING, ALICE DR
Address: 5725 CANTON COVE #11
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEVEN J ZORN TRES 04/25/2005
Electronic Signature of Signing Officer or Director Date