

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758854

FILED
Apr 16, 2005
Secretary of State

Entity Name: LAKE REGION OPTOMETRIC ASSOCIATION, INC.

Current Principal Place of Business:

215 SOUTH GOODMAN AVE
LAKE ALFRED, FL 33850 US

New Principal Place of Business:

Current Mailing Address:

215 SOUTH GOODMAN AVE
LAKE ALFRED, FL 33850 US

New Mailing Address:

FEI Number: 59-2219314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAUDWAY, SONYA
215 SOUTH GOODMAN AVE
LAKE ALFRED, FL 33850 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: PD () Delete
Name: BRAUDWAY, SONYA
Address: 215 GOODMAN AVE
City-St-Zip: LAKE ALFRED, FL 33850

Title: D () Delete
Name: PHILLIPS, JAMES
Address: 1251 LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL 33805

Title: TD () Delete
Name: STERLING, WILLIAM E, JR
Address: 3630 HAVENDALE BLVD
City-St-Zip: WINTER HAVEN, FL

Title: D () Delete
Name: TRAWICK, ANTHONY
Address: 3522 S. FLORIDA AVE #A
City-St-Zip: LAKELAND, FL 338034861

Title: D () Delete
Name: JOHNSON, TERRY
Address: 210 US 27 N.
City-St-Zip: AVON PARK, FL 33825

Title: D () Delete
Name: HENNE, KEVIN
Address: 410 EAST CENTRAL AVE
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: SONYA BRAUDWAY

PD

04/16/2005

Electronic Signature of Signing Officer or Director

Date