

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758854

FILED  
Feb 19, 2009  
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 exemption stated 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 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

02/19/2009

Electronic Signature of Signing Officer or Director

Date