

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758854

FILED
Jan 09, 2012
Secretary of State

Entity Name: LAKE REGION OPTOMETRIC ASSOCIATION, INC.

Current Principal Place of Business:

210 US 27 NORTH
AVON PARK, FL 33825 US

New Principal Place of Business:

Current Mailing Address:

210 US 27 NORTH
AVON PARK, FL 33825 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:

SEVIGNY, RONALD
210 US 27 NORTH
AVON PARK, FL 33825 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
Name: SEVIGNY, RONALD
Address: 210 US 27 NORTH
City-St-Zip: AVON PARK, FL 33825 US

Title: D
Name: CORKINS, WILLIAM
Address: 5068 JULIANA RESERVE DR
City-St-Zip: AUBURNDALE, FL 33823 US

Title: TD
Name: ANDERSON, ANGELA
Address: 215 FIRST STREET NORTH #100
City-St-Zip: WINTER HAVEN, FL 33881

Title: D
Name: BRAUDWAY, SONYA
Address: 215 GOODMAN AVE
City-St-Zip: LAKE ALFRED, FL 33850 US

Title: D
Name: PARRISH, GREG
Address: 215 FIRST STREET NORTH #100
City-St-Zip: WINTER HAVEN, FL 33881

Title: D
Name: HENNE, KEVIN
Address: 410 EAST CENTRAL AVE
City-St-Zip: WINTER HAVEN, FL 33881

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: RONALD SEVIGNY

PD

01/09/2012

Electronic Signature of Signing Officer or Director

Date