


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 760452</b>		
1. Entity Name NORTHWEST FLORIDA OPTOMETRIC ASSOCIATION, INC.		
Principal Place of Business DR JUDITH A. CLAY, OD 2567 CAPITAL MEDICAL BLVD. TALLAHASSEE, FL 32308 US		Mailing Address DR JUDITH A. CLAY, OD 2567 CAPITAL MEDICAL BLVD. TALLAHASSEE, FL 32308 US
<b>DO NOT WRITE IN THIS SPACE</b>		
		02112005 No Chg-NP CR2E037 (10/03)
4. FEI Number 59-2430384		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
CLAY, JUDITH A 2567 CAPITAL MEDICAL BLVD TALLAHASSEE, FL 32308		<b>DO NOT WRITE IN THIS SPACE</b>
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE: <u>Judith A. Clay, OD</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE: <u>02/11/05</u>
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT FLINK, FREDERICK F 3150 FENWICK COURT WEST TALLAHASSEE, FL 32309	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT CLAY, JUDITH 2567 CAPITAL MEDICAL BLVD TALLAHASSEE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TRAFTON, JOSHUA M 295 NARWHAL CT. TALLAHASSEE, FL 32312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Judith A. Clay, OD</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: <u>02/11/05</u> DAYTIME PHONE: <u>850-656-6600</u>