2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # 760452

1. Entity Name
NORTHWEST FLORIDA OPTOMETRIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
DR JUDITH A. CLAY, OD 2567 CAPITAL MEDICAL BLVD. TALLAHASSEE, FL 32308 US	DR JUDITH A. CLAY, OD 2567 CAPITAL MEDICAL BLVD. TALLAHASSEE, FL 32308 US

04302007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2430384
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CLAY, JUDITH A
2567 CAPITAL MEDICAL BLVD
TALLAHASSEE, FL 32308

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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: Judith A Clay OD Judith A Clay 04/26/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TT
NAME	CLAY, JUDITH
STREET ADDRESS	2567 CAPITAL MEDICAL BLVD
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	PT
NAME	TRAFTON, JOSHUA M
STREET ADDRESS	295 NARWHAL CT.
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	STY
NAME	MCWILLIAMS, TODD C
STREET ADDRESS	2140 CENTERVILLE PL
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/25/07-80005-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Judith A Clay OD Judith A Clay 04/26/07 850-656-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #