

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760452

FILED  
Jan 26, 2009  
Secretary of State

**Entity Name:** NORTHWEST FLORIDA OPTOMETRIC ASSOCIATION, INC.

**Current Principal Place of Business:**

DR JUDITH A. CLAY, OD  
2567 CAPITAL MEDICAL BLVD.  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

DR JUDITH A. CLAY, OD  
2567 CAPITAL MEDICAL BLVD.  
TALLAHASSEE, FL 32308 US

**New Mailing Address:**

**FEI Number:** 59-2430384

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLAY, JUDITH A  
2567 CAPITAL MEDICAL BLVD  
TALLAHASSEE, FL 32308 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: TT ( ) Delete  
Name: CLAY, JUDITH  
Address: 2567 CAPITAL MEDICAL BLVD  
City-St-Zip: TALLAHASSEE, FL

Title: PT ( ) Delete  
Name: TRAFTON, JOSHUA M  
Address: 295 NARWHAL CT.  
City-St-Zip: TALLAHASSEE, FL 32312

Title: STY ( ) Delete  
Name: MCWILLIAMS, TODD C  
Address: 2140 CENTERVILLE PL  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TT (X) Change ( ) Addition  
Name: CLAY, JUDITH  
Address: 2567 CAPITAL MEDICAL BLVD  
City-St-Zip: TALLAHASSEE, FL 32308

Title: PT (X) Change ( ) Addition  
Name: MCWILLIAMS, TODD C  
Address: 2140 CENTERVILLE PLACE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: STY (X) Change ( ) Addition  
Name: HELLER, CARRIE A  
Address: 1480 TIMBERLANE ROAD  
City-St-Zip: TALLAHASSEE, FL 32312

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: JUDITH A. CLAY, OD

TT

01/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date