2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2011
Secretary of State

DOCUMENT# 760452

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

Title: PT
Name: HELLER, CARRIE A
Address: 1480 TIMBERLANE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: STY
Name: TORRANS, TIFFANY A
Address: 2535 CAPITAL MEDICAL BLVD.
City-St-Zip: TALLAHASSEE, FL 32308

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: JUDITH A CLAY, OD TT 04/25/2011

Electronic Signature of Signing Officer or Director Date