

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762041 (2)

1. Corporation Name

THE CATARACT TEACHING FOUNDATION, INC.



Principal Place of Business

Mailing Address

43309 US HWY 19 N
P O BOX 1608
TARPON SPRINGS FL 34688-1608

43309 US HWY 19 N
P O BOX 1608
TARPON SPRINGS FL 34688-1608

3. Date Incorporated or Qualified
02/19/1982

3a. Date of Last Report
02/21/1995

2. Principal Place of Business
21 43309 U.S. 19 NORTH

2a. Mailing Address
26 43309 U.S. 19 NORTH

4. FEI Number
59-2335816

Applied For
Not Applicable

22 Suite, Apt. #, etc.
P.O. Box 5000

27 Suite, Apt. #, etc.
P.O. Box 5000

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

23 TARPON SPRINGS, FL

28 TARPON SPRINGS, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 34688-5000 25 Country U.S.A.

29 Zip 34688-5000 30 Country U.S.A.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~GILL, JAMES P~~ CARL B. PETERS
43309 US 19 N
TARPON SPRINGS FL 34689

81 Name CARL B. PETERS

82 Street Address (P.O. Box Number is Not Acceptable)
43309 U.S. 19 NORTH

83

84 City TARPON SPRINGS

FL

85 Zip Code 34688

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE CARL B. PETERS, EXECUTIVE COORDINATOR *Carl B. Peters* 2-2-'96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME ~~GILL, JAMES P~~
STREET ADDRESS ~~43309 US HWY 19 N~~
CITY-ST-ZIP ~~TARPON SPRINGS FL~~

TITLE ☐ DELETE
NAME VD
STREET ADDRESS DURHAM, DAVIS G.
CITY-ST-ZIP 43309 US HWY 19 N
TARPON SPRINGS FL

TITLE ☐ DELETE
NAME PD
STREET ADDRESS WILLIAMS, DENNIS L.
CITY-ST-ZIP 43309 US HWY 19 N
TARPON SPRINGS FL

TITLE ☒ DELETE
NAME DAS
STREET ADDRESS ALBRITTON, A. DALLAS
CITY-ST-ZIP 100 E MADISON, STE #302
TAMPA FL

TITLE ☐ DELETE
NAME DST
STREET ADDRESS KISKADDON, BRUCE
CITY-ST-ZIP 43309 US HWY 19 N
TARPON SPRINGS FL

TITLE ☐ DELETE
NAME CARL B. PETERS, DIRECTOR
STREET ADDRESS 6434 RIVER RIDGE ROAD
CITY-ST-ZIP NEW PORT RICHEY, FL 34653-4341

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 8000001731598
4.4 CITY-ST-ZIP -03/04/96--01131--011

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME ***61.25
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME CARL B. PETERS, DIRECTOR
6.3 STREET ADDRESS 6434 RIVER RIDGE ROAD
6.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34653-4341

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carl B. Peters* CARL B. PETERS 2-28-'96 (813) 938-2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)