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Mar 07 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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

Mailing Address

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

2. Principal Place of Business

21 43309 U.S. HWY 19 N.

2a. Mailing Address

26 43309 U.S. HWY 19 N.

Suite, Apt. #, etc.

22 P.O. Box 5000

Suite, Apt. #, etc.

27 P.O. Box 5000

City & State

23 TARPON SPRINGS, FL

City & State

28 TARPON SPRINGS, FL

Zip

24 34688-5000

Country

25 U.S. A.

Zip

29 34688-5000

Country

30 U.S. A.

9. Name and Address of Current Registered Agent

PETERS, CARL B  
43309 US 19 N  
TARPON SPRINGS FL 34689

3. Date Incorporated or Qualified

02/19/1982

3a. Date of Last Report

03/04/1996

4. FEI Number

59-2335816

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME PETERS, CARL B  
STREET ADDRESS 6434 RIVER EDGE RD  
CITY - ST - ZIP NEW PORT RICHEY FL 34653-4341

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

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

TITLE STD  
NAME KISKADDON, BRUCE  
STREET ADDRESS 43309 US HWY 19 N  
CITY - ST - ZIP TARPON SPRINGS FL 34688-1608

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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  
4.4 CITY - ST - ZIP

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CARL B. PETERS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0068810

CR2E037 (9/96)