

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762041

1. Corporation Name

THE CATARACT TEACHING FOUNDATION, INC.

Principal Place of Business

43309 US HWY 19 N
P.O. BOX 5000
TARPON SPRINGS FL 34688-1608
US

Mailing Address

43309 US HWY 19 N
P.O. BOX 5000
TARPON SPRINGS FL 34688-1608
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

02/19/1982

Applied For

Not Applicable

4. FEI Number

59-2335816

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

PETERS, CARL B
43309 US 19 N
TARPON SPRINGS FL 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

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

(NOTE: Registered Agent signature required when reinstating)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
PETERS, CARL B
6434 RIVER EDGE RD
NEW PORT RICHEY FL 34653-4341

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
DURHAM, DAVIS G.
43309 US HWY 19 N
TARPON SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
WILLIAMS, DENNIS L.
43309 US HWY 19 N
TARPON SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STD
KISKADDON, BRUCE
43309 US HWY 19 N
TARPON SPRINGS FL 34688-1608

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

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

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

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

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

14. I 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 recorder 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 endorsement with an address, with all other like empowered.

SIGNATURE REQUIRED

2-15-'99 (727) 938-20

Date

Daytime Phone #

