

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # 763531

1. Entity Name
FLORIDA ACADEMY OF OPTOMETRY, INC.



Principal Place of Business
3005 SE 22ND PL
CAPE CORAL, FL 33904

Mailing Address
3005 SE 22ND PL
CAPE CORAL, FL 33904



01062007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2247543

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YOUNG, ARTHUR
3005 SE22ND PL
CAPE CORAL, FL 33904

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME WALEY, SUSAN
STREET ADDRESS 600 S ORLANDO AVE STE 30
CITY-ST-ZIP MAITLAND, FL 32751

TITLE PD
NAME YOUNG, ARTHUR
STREET ADDRESS 3005 SE 22ND PLACE
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ST
NAME WILSON, ROBERT
STREET ADDRESS 600 S ORLANDO AVE STE 300
CITY-ST-ZIP MAITLAND, FL 32751

TITLE D
NAME CADY, MIKE OD
STREET ADDRESS 1089 W GRANADA BLVD #4
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE V
NAME MONROE, PAUL OD
STREET ADDRESS 25073 MARION AVE
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000581533
01/10/07-80091-004 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR

1-6-07 (234)5424629

Date

Daytime Phone #