2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2011
Secretary of State

DOCUMENT# 763531

Entity Name: FLORIDA ACADEMY OF OPTOMETRY, INC.

Current Principal Place of Business:

9284 TRIESTE DRIVE
FORT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

9284 TRIESTE DRIVE
FORT MYERS, FL 33913

New Mailing Address:

FEI Number: 59-2247543 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YOUNG, ARTHUR
9284 TRIESTE DRIVE
FORT MYERS, FL 33913 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: D
Name: WALEY, SUSAN
Address: 600 S ORLANDO AVE STE 30
City-St-Zip: MAITLAND, FL 32751

Title: T
Name: YOUNG, ARTHUR
Address: 9284 TRIESTE DRIVE
City-St-Zip: FORT MYERS, FL 33913

Title: D
Name: EVERS, MELVIN
Address: 910 EMMETTS ST
City-St-Zip: KISSIMMEE, FL 34741

Title: VP
Name: TIMKO, JEFF
Address: 640 N STOKE ST
City-St-Zip: DELAND, FL 32720

Title: PRES
Name: CADY, MIKE
Address: 1089 W GRANADA BLVD #4
City-St-Zip: ORMOND BEACH, FL 32174

Title: SEC
Name: CHAMBERS, DAVE
Address: 104 MARCIA DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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: ARTHUR YOUNG T 01/04/2011

Electronic Signature of Signing Officer or Director — Date