

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90160 027 ****61.25

DOCUMENT # F04000000431

1. Entity Name
THE SOCIETY FOR EXCELLENCE IN EYECARE, INC.



Principal Place of Business
**2856 ALLAPATTAH DRIVE
CLEARWATER, FL 33761**

Mailing Address
**2856 ALLAPATTAH DRIVE
CLEARWATER, FL 33761**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2966585

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROARK, TRENT
2856 ALLAPATTAH DRIVE
CLEARWATER, FL 33761**

Name

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

City

FL

Zip Code

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME **P**
STREET ADDRESS **KREMER, FREDERIC B**
CITY-ST-ZIP **601 S. HENDERSON RD #250
KING OF PRUSSIA, PA 19406**

TITLE ☐ Change ☒ Addition
NAME **Asst Secretary**
STREET ADDRESS **Marie Michel**
CITY-ST-ZIP **1202 11th Ave
Birmingham AL 35205**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **JOHN, MAURICE E**
CITY-ST-ZIP **1305 WALL STREET, SUITE 200
JEFFERSONVILLE, IN 47130**

TITLE ☐ Change ☐ Addition
NAME **P**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **GLASER, BERT M**
CITY-ST-ZIP **901 DELANEY VALLEY
TOWSON, MD 21204**

TITLE ☒ Change ☐ Addition
NAME **V**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **FREEMAN, JERRE M**
CITY-ST-ZIP **6485 POPLAR AVE
MEMPHIS, TN 38119**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **C**
STREET ADDRESS **MARTIN, ROBERT G**
CITY-ST-ZIP **2170 MIDLAND ROAD
SOUTHERN PINES, NC 28387**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KEARNEY, JOHN R**
CITY-ST-ZIP **135 COUNTY HWY 128
JOHNSTOWN, NY 12095**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 addressee with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

T. Trent Roark **Gen Dir** **4-2-06** **630-258-7000**