

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

FILED
Feb 09, 2007 08:00 AM
Secretary of State

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**



02062007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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 NAME STREET ADDRESS CITY-ST-ZIP	S MICHELSON, MARK 1202 11TH AVE BIRMINGHAM, AL 35205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHN, MAURICE E 1305 WALL STREET, SUITE 200 JEFFERSONVILLE, IN 47130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GLASER, BERT M 901 DELANEY VALLEY TOWSON, MD 21204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FREEMAN, JERRE M 6485 POPLAR AVE MEMPHIS, TN 38119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MARTIN, ROBERT G 2170 MIDLAND ROAD SOUTHERN PINES, NC 28387
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEARNEY, JOHN R 135 COUNTY HWY 128 JOHNSTOWN, NY 12095

U00000629452
02/19/07-80001-017 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 OR DIRECTOR

Date

Daytime Phone #

T. Trent Roark Exec. Dir 2-7-07 630-258-7002