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Apr 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000000977 (6)**

1. Corporation Name

**THE SOUTHEAST VISION FOUNDATION, INC.**

Principal Place of Business

**315 N. FRONT ST.  
HARRISBURG PA 17101-1203**

Mailing Address

**315 N. FRONT ST.  
HARRISBURG PA 17101-1203**

3. Date Incorporated or Qualified

**02/27/1996**

4. FEI Number

**25-1699703**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** *1027 Mumma Rd.*

City & State

City & State

Zip Country

**28** *Wormleysburg, PA*  
Zip Country  
**29** *17042* **30** *USA*

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORRISON, JAMES  
MORRISON INTERNATIONAL  
2201 CANTU COURT, SUITE 115  
SARASOTA FL 34232**

81 Name

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

83

84 City

**FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>KUNKEL, W. MINSTER MD</b>	
STREET ADDRESS	<b>537 BRIDGEVIEW DR.</b>	
CITY-ST-ZIP	<b>LEMOYNE PA 17043</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ORBACH, BERNARD J</b>	
STREET ADDRESS	<b>11 NORTH THIRD ST</b>	
CITY-ST-ZIP	<b>HARRISBURG PA 17101</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHWARTZ, ROBERT C MD</b>	
STREET ADDRESS	<b>2645 N 3RD ST</b>	
CITY-ST-ZIP	<b>HARRISBURG PA 17110</b>	

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>NICHOLS, DIANNE I ESQ.</b>	
STREET ADDRESS	<b>150 S. COLLEGE ST.</b>	
CITY-ST-ZIP	<b>CARLISLE PA 17013</b>	

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>PARTHEMER, MARK R ESQ.</b>	
STREET ADDRESS	<b>315 N. FRONT ST.</b>	
CITY-ST-ZIP	<b>HARRISBURG PA 17101-1203</b>	

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>SMELTZER, JAMES A CPA</b>	
STREET ADDRESS	<b>201 SENATE AVE, STE 650</b>	
CITY-ST-ZIP	<b>CAMP HILL PA 17011</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DR. ROBERT C. SCHWARTZ, MD</b>
3.3 STREET ADDRESS	<b>857 S. ARLINGTON AVE.</b>
3.4 CITY-ST-ZIP	<b>HARRISBURG, PA 17109</b>

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Parthemer, Mark R. Esq.</b>
5.3 STREET ADDRESS	<b>2 North 2nd St, 7th Floor</b>
5.4 CITY-ST-ZIP	<b>Harrisburg, PA 17101</b>

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 receiver 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone • 0079231

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