


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000000977	
1. Entity Name THE SOUTHEAST VISION FOUNDATION, INC.	

Principal Place of Business 100 PINE ST HARRISBURG, PA 17101-1166	Mailing Address 1027 MUMMA RD WORMLEYSBURG, PA 17043 US
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04232004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 25-1699703	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COX, SHARRON
2842 AVENUE C WEST
BRADENTON, FL 34205

**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

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000140818
04/29/04-80178-004 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KUNKEL, W. MINSTER MD 537 BRIDGEVIEW DR. LEMOYNE, PA 17043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORBACH, BERNARD J 11 NORTH THIRD ST HARRISBURG, PA 17101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, ROBERT C MD 857 S ARLINGTON AVE HARRISBURG, PA 17109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERBY, MAGUERITE 1027 MUMMA RD. WARMLEYSBURG, PA 17043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARTHEMER, MARK R ESQ. 100 PINE ST. HARRISBURG, PA 171081166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMELTZER, JAMES A CPA 1027 MUMMA RD. WORMLEYSBURG, PA 17043

**DO NOT WRITE
IN THIS SPACE**

12. 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 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 517, 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 #

James A. Smeltzer Treasurer *James A. Smeltzer* 4/26/04 717-761-0211