

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000001385

1. Entity Name
FOREVER VISION FOUNDATION, INC.



FILED
Feb 28, 2004 08:00 AM
Secretary of State

Principal Place of Business
**1820 BARRS STREET, SUITE 546
JACKSONVILLE, FL 32204**

Mailing Address
**1820 BARRS STREET, SUITE 546
JACKSONVILLE, FL 32204**



01052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3681313

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**F&L CORP.
200 LAURA STREET NORTH, THIRD FLOOR
JACKSONVILLE, FL 32202**

**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 _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WIGGINS, C. DONALD
STREET ADDRESS	225 WATER STREET SUITE 1250
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	D
NAME	BETCHKAL, JANET A MD
STREET ADDRESS	1820 BARRS STREET, SUITE 546
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	D
NAME	KUNTZEN, JIM V
STREET ADDRESS	3100 UNIVERSITY BLVD, S. STE 230
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	C
NAME	THORSEN, JEFF
STREET ADDRESS	4600 TOUCHTON ROAD E. # 200
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	D
NAME	CASSIDY, ARCH
STREET ADDRESS	225 W. WATER STREET, STE 1235
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	D
NAME	GIBSON, ROGER
STREET ADDRESS	1301 RIVERPLACE BLVD, STE 2300
CITY-ST-ZIP	JACKSONVILLE, FL 32207

**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 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:

Jeff Thorsen **Jeff Thorsen** **2/27/04** **904-997-3080**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #