# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 14, 2008 8:00 am**
**Secretary of State**
03-19-2008 90012 010 ****61.25

66006658

01072008 Chg-NP CR2E037 (12/06)

DOCUMENT # N00000001385

1. Entity Name
FOREVER VISION FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1820 BARRS STREET, SUITE 546<br>JACKSONVILLE, FL 32204 | 1820 BARRS STREET, SUITE 546<br>JACKSONVILLE, FL 32204 |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

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 | 7. Name and Address of New Registered Agent |
|---|---|
| F&L CORP.<br>ONE INDEPENDENT DRIVE<br>SUITE 1300<br>JACKSONVILLE, FL 32202 | Name Thomas P. Davis<br>Street Address (P.O. Box Number is Not Acceptable) 4715 Algonquin Avenue<br>City Jacksonville FL Zip Code 32210 |

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: Thomas P. Davis / Thomas P. Davis 2/27/08
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, 2008**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WIGGINS, C. DONALD<br>225 WATER STREET SUITE 1250<br>JACKSONVILLE, FL 32202 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BETCHKAL, JANET A MD<br>1820 BARRS STREET, SUITE 546<br>JACKSONVILLE, FL 32204 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | C<br>THORSEN, JEFF<br>5150 BELFORT RD, BLDG 200<br>JACKSONVILLE, FL 32256 | ☑ Delete | C<br>Davis, Thomas P.<br>4715 Algonquin Avenue<br>Jacksonville, FL 32210 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CASSIDY, ARCH<br>225 W. WATER STREET, STE 1235<br>JACKSONVILLE, FL 32202 | ☑ Delete | D<br>Knauer III, William J., M.D.<br>2535 Riverside Avenue<br>Jacksonville, FL 32204 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GIBSON, ROGER<br>1301 RIVERPLACE BLVD, STE 2300<br>JACKSONVILLE, FL 32207 | ☐ Delete | <br>Gibson, Roger G.<br>751 Oak Street<br>Jacksonville, FL 32204 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

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: Thomas P. Davis Thomas P. Davis 2/27/08 904-415-6059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
66006658
N00000001385

Forever Vision Foundation, Inc.

Chairman
Thomas P. Davis
4715 Algonquin Avenue
Jacksonville, FL 32210

Chair-Elect
C. Donald Wiggins, D.B.A.
225 Water Street, Ste. 1250
Jacksonville, FL 32202

Director
Janet A. Betchkal, M.D.
1820 Barrs Street, Ste. 134
Jacksonville, FL 32204

Director
Roger G. Gibson
751 Oak Street
Jacksonville, FL 32204

Director
William J. Knauer III, M.D.
2535 Riverside Avenue
Jacksonville, FL 32204

Ex-Officio
Terence M. McGee, M.D.
2963 Oak Street
Jacksonville, FL 32204