

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001385

FILED  
Mar 21, 2009  
Secretary of State

Entity Name: FOREVER VISION FOUNDATION, INC.

## Current Principal Place of Business:

1820 BARRS STREET, SUITE 546  
JACKSONVILLE, FL 32204

## New Principal Place of Business:

## Current Mailing Address:

1820 BARRS STREET, SUITE 546  
JACKSONVILLE, FL 32204

## New Mailing Address:

FEI Number: 59-3681313

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAVIS, THOMAS P.  
4715 ALGONQUIN AVENUE  
JACKSONVILLE, FL 32210 US

## Name and Address of New Registered Agent:

DAVIS, THOMAS P.  
4715 ALGONQUIN AVENUE  
JACKSONVILLE, FL 32210 US

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.

SIGNATURE: THOMAS P. DAVIS

03/21/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WIGGINS, C. DONALD  
Address: 225 WATER STREET SUITE 1250  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete  
Name: BETCHKAL, JANET A MD  
Address: 1820 BARRS STREET, SUITE 546  
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete  
Name: DNAUER III MD, WILLIAM J  
Address: 2535 RIVERSIDE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete  
Name: GIBSON,, ROGER G  
Address: 751 OAK ST  
City-St-Zip: JACKSONVILLE, FL 32204

Title: C ( ) Delete  
Name: DAVIS, THOMAS P  
Address: 4715 ALGONQUIN AVENUE  
City-St-Zip: JACKSONVILLE, FL 32210

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: DNAUER III, WILLIAM J MD  
Address: 2535 RIVERSIDE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32204

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS P. DAVIS

CHAI

03/21/2009

Electronic Signature of Signing Officer or Director

Date