

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001385

FILED
Apr 21, 2010
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:

4715 ALGONQUIN AVENUE
JACKSONVILLE, FL 32210 US

Current Mailing Address:

1820 BARRS STREET, SUITE 546
JACKSONVILLE, FL 32204

New Mailing Address:

4715 ALGONQUIN AVENUE
JACKSONVILLE, FL 32210 US

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:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: THOMAS P. DAVIS

C

04/21/2010

Electronic Signature of Signing Officer or Director

Date