


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 20, 2004 8:00 am
Secretary of State

09-20-2004 90002 046 ****70.00

DOCUMENT # N00000002894

1. Entity Name
THE ONE STOP VISION CENTER FOR THE SPECIAL POPULATION, INC.



Principal Place of Business
 5606 N NEBRASKA AVE
 TAMPA, FL 33604

Mailing Address
 5606 N NEBRASKA AVE
 TAMPA, FL 33604

54073196



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 P.O. Box 15186
 Suite, Apt. #, etc.
 City & State
 Tampa, Florida
 Zip
 33684
 Country
 USA

09152004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3638418

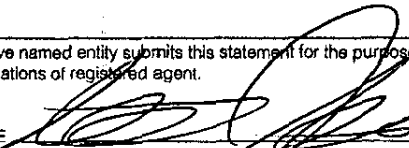
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
JACKSON, STEPHEN N
10743 GLEN ELLEN DRIVE
TAMPA, FL 33615

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 re-registering)

Date **9/15/04**

Filing Fee is \$64.25
Due by September 8, 2004

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	JACKSON, STEPHEN N	10743 GLEN ELLEN DR	TAMPA, FL 33624	<input type="checkbox"/>
T	JACKSON, ELIZABETH	10743 GLEN ELLEN DR	TAMPA, FL 33624	<input type="checkbox"/>
T	JACKSON, STEPHANIE	10743 GLEN ELLEN DR	TAMPA, FL 33624	<input type="checkbox"/>
T	JACKSON, SIMONE	10743 GLEN ELLEN DR	TAMPA, FL 33624	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 employees.

SIGNATURE:  Date **9/15/04** Daytime Phone # **813-231-2701**