


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

05-25-2005 90546 001 \*\*\*253.75

**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  
**PO BOX 15186  
 TAMPA, FL 33684**

2. Principal Place of Business  
**3001 EAST HANNA AVE**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**TAMPA, FLORIDA**

City & State  
 City: **TAMPA**, State: **FL**

Zip  
**33610**

Country  
**USA**

00010100



05102005 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25**  
**Due by September 7, 2005**

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 D	JACKSON, STEPHEN N 10743 GLEN ELLEN DR TAMPA, FL 33624	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T	JACKSON, ELIZABETH 10743 GLEN ELLEN DR TAMPA, FL 33624	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T	JACKSON, STEPHANIE 10743 GLEN ELLEN DR TAMPA, FL 33624	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T	JACKSON, SIMONE 10743 GLEN ELLEN DR TAMPA, FL 33624	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_