


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2007 8:00 am
Secretary of State

08-16-2007 90079 001 ***245.00

DOCUMENT # N00000002894					
1. Entity Name THE ONE STOP VISION CENTER FOR THE SPECIAL POPULATION, INC.					
Principal Place of Business 3001 EAST HANNA AVE TAMPA, FL 33610			Mailing Address PO BOX 15186 TAMPA, FL 33684		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3638418	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JACKSON, STEPHEN N 3001 EAST HANNA AVE TAMPA, FL 33610				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 14, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, STEPHEN N			NAME	
STREET ADDRESS	3001 EAST HANNA AVE			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33610			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, ELIZABETH			NAME	
STREET ADDRESS	3001 EAST HANNA AVE			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33610			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, STEPHANIE			NAME	
STREET ADDRESS	3001 EAST HANNA AVE			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33610			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, SIMONE			NAME	
STREET ADDRESS	3001 EAST HANNA AVE			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33610			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <i>Stephen N. Jackson</i>				Date: 8/14/07 8:23:2901	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	

66020989



08092007 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

FL