

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2008 8:00 am
Secretary of State

08-29-2008 90033 001 ***249.00

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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**

66016197



08252008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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
 3001 EAST HANNA AVE
 TAMPA, FL 33610**

DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$81.25
 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACKSON, STEPHEN N 3001 EAST HANNA AVE TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACKSON, ELIZABETH 3001 EAST HANNA AVE TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACKSON, STEPHANIE 3001 EAST HANNA AVE TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACKSON, SIMONE 3001 EAST HANNA AVE TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____

Stephen N. Jacke 8/25/08 813-231-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #