

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00692

FILED
Feb 16, 2005
Secretary of State

Entity Name: WEST FLORIDA OPTOMETRIC ASSOCIATION, INC.

Current Principal Place of Business:

207 N MAIN ST
CRESTVIEW, FL 32536 US

New Principal Place of Business:

Current Mailing Address:

207 N MAIN ST
CRESTVIEW, FL 32536 US

New Mailing Address:

FEI Number: 59-2909114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATSON, WANDA C OD
207 N MAIN ST
CRESTVIEW, FL 32536 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 () Delete
Name: PETERS, STAN
Address: 1230 MEIGS DR.
City-St-Zip: NICEVILLE, FL 325783018

Title: D () Delete
Name: TERREZZA, GENE
Address: 5593 STEWART STREET
City-St-Zip: MILTON, FL 32570

Title: P () Delete
Name: HOWARD, KIRK
Address: 2491 SOUTH FERDON BLVD
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: BARTON, CHERYL
Address: 1347 MAZVREK BLVD.
City-St-Zip: PENSACOLA, FL 325143977

Title: ST () Delete
Name: BATSON, WANDA
Address: 8120 ROCK HILL RD
City-St-Zip: BAKER, FL 32531

Title: D (X) Delete
Name: JONES, MARK
Address: 2500 HWY 77
City-St-Zip: PANAMA CITY, FL 324054412

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GRUBBS, DUSTIN
Address: 8158 NAVARRE PARKWAY
City-St-Zip: NAVARRE, FL 32566

Title: P (X) Change () Addition
Name: TERREZZA, GENE
Address: 5593 STEWART STREET
City-St-Zip: MILTON, FL 32570

Title: D (X) Change () Addition
Name: YARDLEY, LEWIS
Address: P. O. BOX 5836
City-St-Zip: DESTIN, FL 32540

Title: D (X) Change () Addition
Name: REYNOLDS, DOUG
Address: 460 E NINE MILE ROAD
City-St-Zip: PENSACOLA, FL 32514

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WANDA COOK BATSON

ST

02/16/2005

Electronic Signature of Signing Officer or Director

Date