2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # N00692

1. Entity Name
WEST FLORIDA OPTOMETRIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
207 N MAIN ST CRESTVIEW, FL 32536 US	207 N MAIN ST CRESTVIEW, FL 32536 US

U00000459183
03/18/06-80021-014 61.25

03032006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-2909114
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BATSON, WANDA C OD
207 N MAIN ST
CRESTVIEW, FL 32536

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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 May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRUBBS, DUSTIN
STREET ADDRESS	8158 NAVARRE PARKWAY
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	P
NAME	TERREZZA, GENE
STREET ADDRESS	5593 STEWART STREET
CITY-ST-ZIP	MILTON, FL 32570
TITLE	D
NAME	YARDLEY, LEWIS
STREET ADDRESS	P. O. BOX 5836
CITY-ST-ZIP	DESTIN, FL 32540
TITLE	D
NAME	REYNOLDS, DOUG
STREET ADDRESS	460 E NINE MILE ROAD
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	ST
NAME	BATSON, WANDA
STREET ADDRESS	8120 ROCK HILL RD
CITY-ST-ZIP	BAKER, FL 32531
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Doug Reynolds Douglas Reynolds OD 3/3/06 850 477-149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #