

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00692

FILED
Mar 23, 2007
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:

97 BAYBRIDGE DRIVE
GULF BREEZE, FL 32561 US

Current Mailing Address:

207 N MAIN ST
CRESTVIEW, FL 32536 US

New Mailing Address:

97 BAYBRIDGE DRIVE
GULF BREEZE, FL 32561 US

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:

DAY, SUZANNE M OD
97 BAYBRIDGE DRIVE
GULF BREEZE, FL 32561 US

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: SUZANNE M. DAY

03/23/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: REYNOLDS, CLYDE D
Address: 460 EAST 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:

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 Chapter 119, 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: CLYDE D. REYNOLDS

DR

03/23/2007

Electronic Signature of Signing Officer or Director

Date