2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# N00692

Entity Name: WEST FLORIDA OPTOMETRIC ASSOCIATION, INC.

Current Principal Place of Business:

97 BAYBRIDGE DRIVE
GULF BREEZE, FL 32561 US

New Principal Place of Business:

Current Mailing Address:

97 BAYBRIDGE DRIVE
GULF BREEZE, FL 32561 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:

DAY, SUZANNE M OD
97 BAYBRIDGE DRIVE
GULF BREEZE, FL 32561 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: DR ( ) Delete
Name: REYNOLDS, CLYDE D
Address: 460 EAST NINE MILE ROAD
City-St-Zip: PENSACOLA, FL 32514

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: STREETER, THOMAS
Address: 1403 GRANDVIEW DRIVE
City-St-Zip: CRESTVIEW, FL 32539

Title: DR. ( ) Change (X) Addition
Name: DAY, SUZANNE M
Address: 97 BAYBRIDGE DRIVE
City-St-Zip: GULF BREEZE, FL 32561

Title: DR ( ) Change (X) Addition
Name: STREETER, SHARON
Address: 1403 GRANDVIEW DRIVE
City-St-Zip: CRESTVIEW, FL 32539

I hereby certify that the information supplied with this filing does not qualify 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: SUZANNE M. DAY DR. 01/07/2008

Electronic Signature of Signing Officer or Director — Date