

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00692

FILED
Jan 21, 2009
Secretary of State

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:

1403 GRANDVIEW DRIVE
CRESTVIEW, FL 32539 US

Current Mailing Address:

97 BAYBRIDGE DRIVE
GULF BREEZE, FL 32561 US

New Mailing Address:

1403 GRANDVIEW DRIVE
CRESTVIEW, FL 32539 US

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:

STREETER, SHARON M OD
1403 GRANDVIEW DRIVE
CRESTVIEW, FL 32539 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: SHARON M. STREETER, O.D.

01/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DR (X) Change () Addition
Name: BEYER, TRACY
Address: 7008 STARFISH COURT
City-St-Zip: PANAMA CITY BEACH, FL 32407

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: SHARON M. STREETER

DR.

01/21/2009

Electronic Signature of Signing Officer or Director

Date