

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00692

FILED  
Jan 09, 2010  
Secretary of State

**Entity Name:** WEST FLORIDA OPTOMETRIC ASSOCIATION, INC.

**Current Principal Place of Business:**

1403 GRANDVIEW DRIVE  
CRESTVIEW, FL 32539 US

**New Principal Place of Business:**

1040 GULF BREEZE PARKWAY  
SUITE 210  
GULF BREEZE, FL 32561 US

**Current Mailing Address:**

1403 GRANDVIEW DRIVE  
CRESTVIEW, FL 32539 US

**New Mailing Address:**

1040 GULF BREEZE PARKWAY  
SUITE 210  
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:**

STREETER, SHARON M OD  
1403 GRANDVIEW DRIVE  
CRESTVIEW, FL 32539 US

**Name and Address of New Registered Agent:**

DAY, SUZANNE M OD  
1040 GULF BREEZE PARKWAY  
SUITE 210  
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

01/09/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: DR.  
Name: STREETER, SHARON M  
Address: 1403 GRANDVIEW DRIVE  
City-St-Zip: CRESTVIEW, FL 32539

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

Title: DR  
Name: HOOK, NEIL  
Address: 8158 NAVARRE PARKWAY  
City-St-Zip: NAVARRE, FL 32566

Title: DR  
Name: DAY, SUZANNE M  
Address: 2659 EDMUND DRIVE  
City-St-Zip: GULF BREEZE, FL 32563

I hereby 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 all other like empowered.

SIGNATURE: SUZANNE M. DAY

DR.

01/09/2010

Electronic Signature of Signing Officer or Director

Date