

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008688

FILED  
Jul 03, 2005  
Secretary of State

Entity Name: OPTICS FOR THE TROPICS, INC.

## Current Principal Place of Business:

3449 NW 13 AVENUE  
GAINESVILLE, FL 32605

## New Principal Place of Business:

## Current Mailing Address:

3449 NW 13 AVENUE  
GAINESVILLE, FL 32605

## New Mailing Address:

1841 COUNTRY CLUB DRIVE  
TALLAHASSEE, FL 32301

FEI Number: 56-2301539      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

ELLIS, JONI  
3449 NW 13 AVENUE  
GAINESVILLE, FL 32605      US

## Name and Address of New Registered Agent:

ELLIS, JONI  
1841 COUNTRY CLUB DRIVE  
TALLAHASSEE, FL 32301      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: \_\_\_\_\_

07/03/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ELLIS, JONI  
Address: 3449 NW 13 AVENUE  
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete  
Name: WILLIAMS, EMILY JO  
Address: 1875 CENTURY BLVD. SUITE 240  
City-St-Zip: ATLANTA, GA 30345

Title: SD ( ) Delete  
Name: DEMEREST, DEAN  
Address: 1875 CENTURY BLVD. SUITE 240  
City-St-Zip: ATLANTA, GA 30345

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ELLIS, JONI  
Address: 1841 COUNTRY CLUB DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301

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 Section 119.07(3)(i), 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: JONI L. ELLIS

D

07/03/2005

Electronic Signature of Signing Officer or Director

Date