## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000008688

Entity Name: OPTICS FOR THE TROPICS, INC.

FILED Mar 01, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

1841 COUNTRY CLUB DRIVE 2205 SE 23RD PLACE TALLAHASSEE, FL 32301 GAINESVILLE, FL 32641

Current Mailing Address: New Mailing Address:

1841 COUNTRY CLUB DRIVE 2205 SE 23RD PLACE TALLAHASSEE, FL 32301 GAINESVILLE, FL 32641

FEI Number: 56-2301539 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ELLIS, JONI

1841 COUNTRY CLUB DRIVE

TALLAHASSEE, FL 32301 US

ELLIS, JONI

2205 SE 23RD PLACE

GAINESVILLE, FL 32641 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: 03/01/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: D () Delete Title: D (X) Change () Addition

Name: ELLIS, JONI Name: ELLIS, JONI

 Address:
 1841 COUNTRY CLUB DRIVE
 Address:
 2205 SE 23RD PLACE

 City-St-Zip:
 TALLAHASSEE, FL 32301
 City-St-Zip:
 GAINESVILLE, FL 32641

Title: D ( ) Delete Title: O (X) Change ( ) Addition

Name: WILLIAMS, EMILY JO Name: SEIVING, KATIE
Address: 1875 CENTURY BLVD. SUITE 240 Address: DEPT. OF WILDLIFE ECOLOGY & CONSERV. UF

City-St-Zip: ATLANTA, GA 30345 Address. DEPT. OF WILDLIFE ECOLOGY & CONSERV.

Title: SD ( ) Delete Title: O (X) Change ( ) Addition

Name: DEMEREST, DEAN Name: HILL, JOY

 Address:
 1875 CENTURY BLVD. SUITE 240
 Address:
 1239 SW 10TH STREET

 City-St-Zip:
 ATLANTA, GA 30345
 City-St-Zip:
 OCALA, FL 33471

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: JONI ELLIS D 03/01/2009