

DOCUMENT # N03000000480

1. Entity Name  
WAVERLY VISION OF HOPE, INC.

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90377 012 \*\*\*\*70.00

Principal Place of Business  
719 LINDSEY PLACE  
LAKE WALES, FL 33853Mailing Address  
719 LINDSEY PLACE  
LAKE WALES, FL 33853

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

03132006 Chg-NP CR2E037 (11/05)

4. FEI Number **02-0668943**  
APPLIED FORApplied For  
☒ Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 20069. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	DECOSEY, HARRY J	
STREET ADDRESS	719 LINDSEY PLACE	
CITY-ST-ZIP	LAKE WALES, FL 33853	

TITLE	VSD	<input type="checkbox"/> Delete
NAME	DECOSEY, DESSIE M	
STREET ADDRESS	719 LINDSEY PLACE	
CITY-ST-ZIP	LAKE WALES, FL 33853	

TITLE	D	<input type="checkbox"/> Delete
NAME	DECOSEY, RONALD A	
STREET ADDRESS	719 LINDSEY PLACE	
CITY-ST-ZIP	LAKE WALES, FL 33853	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-06

Date

863-521-6011

Daytime Phone #