


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000000480
 1. Entity Name
WAVERLY VISION OF HOPE, INC.



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

DO NOT WRITE IN THIS SPACE



02082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 02-0668943	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DECOSEY, HARRY J 719 LINDSEY PLACE LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DECOSEY, DESSIE M 719 LINDSEY PLACE LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECOSEY, RONALD A 719 LINDSEY PLACE LAKE WALES, FL 33853
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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: *Harry Decosey* **2-9-07** **863-676-9988**
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #