

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90737 001 ****61.25
05-02-2005 90737 002 ****8.75

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|--|---|--|--|---------------------------------------|--|
| DOCUMENT # N03000002157 | | | | | |
| 1. Entity Name ST. JOHNS VISION, INC. | | | | | |
| Principal Place of Business ONE NEWS PLACE ST. AUGUSTINE, FL 32086 US 32086-6520 | | | Mailing Address ONE NEWS PLACE P.O. BOX 146 ST. AUGUSTINE, FL 32086 US 32085 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 56-2335528 | |
| Zip | | Country | | 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 | | | | | |
| HEWINS, JOHN MR. BARBARA A. Spaulding ST. JOHNS VISION, INC. 1 NEWS PLACE SAINT AUGUSTINE, FL 32086-6520 | | | | | |
| 7. Name and Address of New Registered Agent | | | | | |
| Name | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| City | | | | | |
| State 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 <u>Barbara A. Spaulding</u> <u>4/26/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C. HEWINS, JOHN <input type="checkbox"/> Delete 188 EDGE OF WOODS RD SAINT AUGUSTINE, FL 32092 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP STEWART, DAN <input type="checkbox"/> Delete 20 FANCHER COURT SAINT AUGUSTINE, FL 32080 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST YANNI, JOHN <input type="checkbox"/> Delete 38 LEE DRIVE SAINT AUGUSTINE, FL 32080 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AURREY, RICK <input type="checkbox"/> Delete 765 EAGLE POINT DR. SAINT AUGUSTINE, FL 32092 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JURENOVICH, GARY <input type="checkbox"/> Delete 536 MORNING SIDE DR. PONTE VEDRA BEACH, FL 32082 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PERRY, JOHN <input type="checkbox"/> Delete 105 OCEAN'S EDGE DR. PONTE VEDRA BEACH, FL 32082 | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Barbara A. Spaulding</u> <u>4/26/05</u> <u>904-819-3544</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

Attachment
N030000002157

66014387

**St. Johns Vision, Inc.
Board of Directors**

| | |
|--|--------------------------------------|
| Name (last name first): Autrey, Rick | Title: Treasurer |
| Home Address: 765 Eagle Point Drive | Daytime Phone: (904) 279-9401 |
| City, State and Zip: St. Augustine, Florida 32092 | Salaried (Y/N) N |

| | |
|---|--------------------------------------|
| Name (last name first): Burns, Cathleen | Title: Director |
| Home Address: 2864 Pellicer Road | Daytime Phone: (904) 829-7411 |
| City, State and Zip: St. Augustine, FL 32092 | Salaried (Y/N) N |

| | |
|---|--------------------------------------|
| Name (last name first): Doten, Lynne | Title: Director |
| Home Address: 200 Tides Edge | Daytime Phone: (904) 829-0065 |
| City, State and Zip: Ponte Vedra, FL 32082 | Salaried (Y/N) N |

| | |
|---|--------------------------------------|
| Name (last name first): Drake, Kathy | Title: Director |
| Home Address: 212 Bluebird Lane | Daytime Phone: (904) 819-6351 |
| City, State and Zip: St. Augustine, FL 32080 | Salaried (Y/N) N |

| | |
|--|--------------------------------------|
| Name (last name first): Frostenson, Nels | Title: Director |
| Home Address: 421 Boneset Branch Lane | Daytime Phone: (904) 825-3880 |
| City, State and Zip: Jacksonville, FL 32259 | Salaried (Y/N) N |

| | |
|---|--------------------------------------|
| Name (last name first): Halback, Fred | Title: Director |
| Home Address: 287 St. George Street | Daytime Phone: (904) 825-6747 |
| City, State and Zip: St. Augustine, FL 32084 | Salaried (Y/N) N |

| | |
|--|--------------------------------------|
| Name (last name first): Hewins, John | Title: Director |
| Home Address: 188 Edge of Woods Rd. | Daytime Phone: (904) 461-1101 |
| City, State and Zip: St. Augustine, Florida 32092 | Salaried (Y/N) N |

| | |
|---|--------------------------------------|
| Name (last name first): Jurenovich, Gary | Title: Director |
| Home Address: 536 Morning Side Drive | Daytime Phone: (800) 329-1601 |
| City, State and Zip: Ponte Vedra, FL 32082 | Salaried (Y/N) N |

| | |
|---|--------------------------------------|
| Name (last name first): Lazar, Bill | Title: Director |
| Home Address: 527 West King Street | Daytime Phone: (904) 824-0902 |
| City, State and Zip: St. Augustine, FL 32084 | Salaried (Y/N) N |

| | |
|---|--------------------------------------|
| Name (last name first): McGuinness, A. J. | Title: Vice-Chair |
| Home Address: 5167 Holly Road | Daytime Phone: (904) 823-3300 |
| City, State and Zip: St. Augustine, FL 32080 | Salaried (Y/N) N |

| | |
|---|--------------------------------------|
| Name (last name first): Martin, Sacha | Title: Director |
| Home Address: 31 Coastal Hollow Circle | Daytime Phone: (904) 824-1212 |
| City, State and Zip: St. Augustine, FL 32084 | Salaried (Y/N) N |

attachment
NO3000009157

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St. Johns Vision, Inc. - Board of Directors - Page 2

| | |
|---|--------------------------------------|
| Name (last name first): Perry, John | Title: Director |
| Home Address: 105 Ocean's Edge Drive | Daytime Phone: (904) 285-2755 |
| City, State and Zip: Ponte Vedra, FL 32082 | Salaried (Y/N) N |

| | |
|---|--------------------------------------|
| Name (last name first): Perry, Sydney | Title: Director |
| Home Address: 13065 County Road 13 North | Daytime Phone: (904) 808-8464 |
| City, State and Zip: St. Augustine, FL 32092 | Salaried (Y/N) N |

| | |
|--|--------------------------------------|
| Name (last name first): Smith, Wayne | Title: Director |
| Home Address: 9700 Hastings Road | Daytime Phone: (904) 692-2056 |
| City, State and Sip: Hastings, FL 32145 | Salaried (Y/N) N |

| | |
|---|--|
| Name (last name first): Stewart, Dan | Title: Chair |
| Home Address: 112 Dogwood Drive | Daytime Phone: (904) 829-6481 ext. 238 |
| City, State and Sip: St. Augustine, FL 32080 | Salaried (Y/N) N |

| | |
|---|--------------------------------------|
| Name (last name first): Yanni, John | Title: Director |
| Home Address: 38 Lee Drive | Daytime Phone: (904) 471-8419 |
| City, State and Sip: St. Augustine, FL 32080 | Salaried (Y/N) N |