

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002157

Entity Name: ST. JOHNS VISION, INC.

FILED
Jan 09, 2007
Secretary of State

Current Principal Place of Business:

ONE NEWS PLACE
ST. AUGUSTINE, FL 32086 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 146
SAINT AUGUSTINE, FL 32085 US

New Mailing Address:

FEI Number: 56-2335528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAZAR, WILLIAM N
ST. JOHNS VISION, INC.
1 NEWS PLACE
SAINT AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AUTREY, RICK
Address: 765 EAGLE POINT DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D () Delete
Name: FROSTENSON, NELS
Address: 376 ROSCOE BLVD.
City-St-Zip: PALM VALLEY, FL 32082

Title: D () Delete
Name: HEWINS, JOHN
Address: 118 EDGE OF WOODS ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D () Delete
Name: MCKENZIE, BOB
Address: 4905 BELFORT ROAD STE 110
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: DRAKE, KATHY
Address: 212 BLUEBIRD LANE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D () Delete
Name: MARTIN, SACHA
Address: 31 COASTAL HOLLOW CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: LAZAR, WILLIAM
Address: 6872 SEA COVE AVENUE EAST
City-St-Zip: ST. AUGUSTINE, FL 32086

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 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: WILLIAM LAZAR

T

01/09/2007

Electronic Signature of Signing Officer or Director

Date