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Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N03623** **(8)**

1. Corporation Name

BREVARD OPTOMETRIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O MITCHELL NASS 380 S. COURTENAY PARKWAY MERRITT ISLAND FL 32952	%DR. CARL DOUGHTY 1051 PT. MALABAR BLVD., NE PALM BAY FL 32905 US

3. Date Incorporated or Qualified: 06/12/1984
3a. Date of Last Report: 04/10/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 65-0086592 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DOUGHTY, CARL D
1051 PT. MALABAR BLVD., NE
SUITE 14
PALM BAY FL 32905

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☒ DELETE	1.1 TITLE	VDP	☐ Change ☐ Addition
NAME	FRETLAND, VIVI		1.2 NAME	Greg Aker	
STREET ADDRESS	325 E. MERRITT ISLAND CSWY.		1.3 STREET ADDRESS	1401 S. Washington Ave.	
CITY-ST-ZIP	MERRITT ISLAND FL		1.4 CITY-ST-ZIP	Titusville, FL 32780	
TITLE	VDP	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WOODS-MCSHANE, BERNADETTE		2.2 NAME		
STREET ADDRESS	6815 N. HWY. 1		2.3 STREET ADDRESS		
CITY-ST-ZIP	PT. ST. JOHN FL		2.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LEON, MICHAEL		3.2 NAME		
STREET ADDRESS	2420 S. BABCOCK ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DOUGHTY, CARL		4.2 NAME		
STREET ADDRESS	1051 PT. MALABAR BLVD., NE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Kenneth Boyle		5.2 NAME		
STREET ADDRESS	2420 S. Babcock St.		5.3 STREET ADDRESS		
CITY-ST-ZIP	Melbourne, FL 32901		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	James Cobb		6.2 NAME		
STREET ADDRESS	2186 Harris Ave.		6.3 STREET ADDRESS		
CITY-ST-ZIP	Palm Bay, FL 32905		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carl D. Doughty CARL D. DOUGHTY 3/25/97 407 723 8642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0077929