

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90086 002 ****61.25

DOCUMENT # N03623

1. Corporation Name

BREVARD OPTOMETRIC ASSOCIATION, INC.

Principal Place of Business
C/O MITCHELL NASS
380 S. COURTENAY PARKWAY
MERRITT ISLAND FL 32952

Mailing Address
%DR. CARL DOUGHTY
1051 PT. MALABAR BLVD., NE
PALM BAY FL 32905
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/12/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0086592	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24		25		29	
25		29		30	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VDP	1.1 TITLE	PD
NAME	AKER, GREG	1.2 NAME	DOUGHTY, CARL
STREET ADDRESS	1401 S WASHINGTON AVE	1.3 STREET ADDRESS	1051 PT. Malabar Blvd. NE
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	SD	2.1 TITLE	VDP
NAME	BOYLE, KENNETH	2.2 NAME	MARK FISHER
STREET ADDRESS	2420 S BABCOCK ST	2.3 STREET ADDRESS	665 Apollo Blvd.
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	PD	3.1 TITLE	SD
NAME	COBB, JAMES	3.2 NAME	BOYLE, KENNETH
STREET ADDRESS	2186 HARRIS AVE	3.3 STREET ADDRESS	2420 S. Babcock St.
CITY-ST-ZIP	PALM BAY FL	3.4 CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	TD	4.1 TITLE	TD
NAME	DOUGHTY, CARL	4.2 NAME	MANDESE, MIKE
STREET ADDRESS	1051 PT. MALABAR BLVD., NE	4.3 STREET ADDRESS	2202 S. BABCOCK ST.
CITY-ST-ZIP	PALM BAY FL	4.4 CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: X *Carla Harris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99 407-723-9850

Date

Daytime Phone #

CR2E037 (1/198)