

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004873

FILED
Jan 21, 2008
Secretary of State

Entity Name: LOW VISION CENTER OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

1820 BARRS STREET #546
JACKSONVILLE, FL 32204

New Principal Place of Business:

2519 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

Current Mailing Address:

1820 BARRS STREET #546
JACKSONVILLE, FL 32204

New Mailing Address:

2519 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

FEI Number: 20-1215132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEELY, FRED L III
1820 BARRS STREET #546
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

SEELY, FRED L III
2519 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204 US

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: _____

01/21/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: UTSEY, GEORGE
Address: 4653 ORTEGA BLVD
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: KINNE, FRANCES B
Address: 4032 MISSION HILLS CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Delete
Name: KNAUER, DEBORAH ESQ
Address: 1900 RIVERSIDE AVE SUITE 115
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: KNAUER, W.J. III
Address: 2535 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: VERLANDER, W. ASHLEY
Address: 6141 BAHIA BLANCA RD
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: KNAUER, W.J. MD
Address: 4145 ORTEGA BLVD
City-St-Zip: JACKSONVILLE, FL 32210

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

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

I hereby certify that the information supplied with this filing does not qualify 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: TIFFANY E. OWENS, OD, DIRECTOR

OD

01/21/2008

Electronic Signature of Signing Officer or Director

Date