

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004873

FILED
Feb 16, 2012
Secretary of State

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

Current Principal Place of Business:

2519 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

2519 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

New Mailing Address:

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
2519 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204 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: D
Name: KINNE, FRANCES B
Address: 4032 MISSION HILLS CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32205

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

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

I hereby 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 all other like empowered.

SIGNATURE: KIM RIGDON

MNGR

02/16/2012

Electronic Signature of Signing Officer or Director

Date