

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007295

FILED
Jan 06, 2005
Secretary of State

Entity Name: MARCHRIST VISION, INC.

Current Principal Place of Business:

1804 VAN BUREN ST
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

1804 VAN BUREN ST
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 13-4284671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PD () Delete
Name: WALTERS, TONIETTA
Address: 1804 VAN BUREN ST
City-St-Zip: HOLLYWOOD, FL 33020

Title: V () Delete
Name: WALTERS, MARJORIE
Address: 1804 VAN BUREN ST
City-St-Zip: HOLLYWOOD, FL 33020

Title: S () Delete
Name: SOLTIS, MARGARET
Address: 1804 VAN BUREN ST
City-St-Zip: HOLLYWOOD, FL 33020

Title: T () Delete
Name: FRANCIS, FLORETTE
Address: 1804 VAN BUREN ST
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: WALTERS, CHARMILLE
Address: 1804 VAN BUREN ST
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: GALANO, ANA
Address: 1804 VAN BUREN ST
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WALTERS, TONIETTA A
Address: 1804 VAN BUREN ST
City-St-Zip: HOLLYWOOD, FL 33020

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

Title: () Change () Addition
Name:
Address:
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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 for the exemption stated in Section 119.07(3)(i), 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: TONIETTA A. WALTERS

PD

01/06/2005

Electronic Signature of Signing Officer or Director

Date