

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011832

FILED
Feb 21, 2009
Secretary of State

Entity Name: THE SIGHT CENTER, INC.

Current Principal Place of Business:

2547 SPLITWOOD WAY
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

2547 SPLITWOOD WAY
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 52-2450336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONNELLY, THOMAS J ESQ
1172 BROWNELL STREET
CLEARWATER, FL 33756 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 () Delete
Name: HURTZ, MARSHA L
Address: 2547 SPLITWOOD WAY
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: HURTZ, HENRY E JR
Address: 2547 SPLITWOOD WAY
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: WALDREP, ROSA
Address: 2022 CAMELOT DR APT 29
City-St-Zip: CLEARWATER, FL 33763

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:

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: MARSHA HURTZ

DIR

02/21/2009

Electronic Signature of Signing Officer or Director

Date