

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90035 049 \*\*\*\*61.25

**DOCUMENT # N05000004698**

1. Entity Name  
**SUPPORT THEIR VISION FOUNDATION, INC.**



Principal Place of Business  
**2175 BEECHER RD  
CLEARWATER, FL 33763**

Mailing Address  
**2175 BEECHER RD  
CLEARWATER, FL 33763**

**50005376**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03172006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**16-1725849**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALBERT, GEORGE D  
2175 BEECHER RD  
CLEARWATER, FL 33763**

(P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered agent must be a resident of Florida.)

DATE

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME ALBERT, GEORGE D  
STREET ADDRESS 2175 BEECHER RD  
CITY-ST-ZIP CLEARWATER, FL 33763

☐ Change ☐ Addition

TITLE D ☐ Delete  
NAME ALBERT, DAVID J  
STREET ADDRESS 75 PINWOOD TERRACE  
CITY-ST-ZIP PALM HARBOR, FL 34683

☐ Change ☐ Addition

TITLE D ☐ Delete  
NAME GRISWOLD, LAWRENCE E  
STREET ADDRESS 3727 KIMBERLY OAKS DR  
CITY-ST-ZIP HOLIDAY, FL 34691

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing is true and correct. I am the duly authorized officer or director of the corporation or the receiver or trustee empowered to execute this report, or on an attachment with an additional person so empowered.

SIGNATURE: *George D. Albert*

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

119, Florida Statutes. I further certify that the information is correct as if made under oath; that I am an officer or director of the corporation; and that my name appears in Block 10 or Block 11 if

**3/20/06**

Date

**727-278-8549**

Daytime Phone #