2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001715

Title:

Title:

Name:

Address:

Name:

Address:

City-St-Zip:

Entity Name: CHILDREN WITH A VISION, INC.

FILED Jan 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3801 N. 15TH STREET TAMPA, FL 33610 **Current Mailing Address: New Mailing Address:** 3801 N. 15TH STREET TAMPA, FL 33610 FEI Number: 75-3208855 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEWIS, TONYA M 3801 N. 15TH STREET TAMPA, FL 33610 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete LEWIS, TONYA M LEWIS, TONYA M Name: Name: 3801 N. 15TH STRRET Address: 3801 N. 15TH STREET Address: City-St-Zip: TAMPA, FL 33610 City-St-Zip: TAMPA, FL 33610 Title: () Delete Title: (X) Change () Addition PEOPLES, KAREN Name: BROOKS, ANNETTE Name: Address: 2201 E. OSBORNE AVE. Address: 7217 CYPRESS LAKE DRIVE City-St-Zip: TAMPA, FL 33610 City-St-Zip: TAMPA, FL 33556 Title: SEC () Delete Title: SEC (X) Change () Addition TAYLOR, ROXIEANNA TAYLOR, ROXIEANNA Name: Name: 1914 PLANTATION KEY CIRCLE #302 Address: Address: 2026 PLANTATION KEY CIRCLE City-St-Zip: TAMPA, FL 33511 City-St-Zip: BRANDON, FL 33511 () Delete Title: TRE Title: () Change () Addition Name: HART, JAMES JR Name: Address: P.O. BOX 16566 Address: City-St-Zip: TAMPA, FL 33687 City-St-Zip:

City-St-Zip: RIVERVIEW, FL 33579

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Elevide Statutes. I further portify that the information indicated on this report or complemental report is true and accurate

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.

Title:

Name:

Title:

Name:

Address:

Address:

City-St-Zip:

ED

DANIELS, CONSTANCE

TAMPA, FL 33602

REYES, EDDIE

220 E. MADISION STREET

10924 SUBTLE TRAIL DR.

() Change (X) Addition

() Change (X) Addition

SIGNATURE: TONYA M. LEWIS P 01/07/2009

() Delete

() Delete