

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010726

FILED  
Mar 24, 2009  
Secretary of State

**Entity Name:** TREASURE COAST OPTOMETRIC SOCIETY, INC

**Current Principal Place of Business:**

710 S. PARROTT AVE.  
OKEECHOBEE, FL 34974

**New Principal Place of Business:**

**Current Mailing Address:**

710 S. PARROTT AVE.  
OKEECHOBEE, FL 34974

**New Mailing Address:**

**FEI Number:** 26-1384651

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRENNAN, J. PATRICK  
710 S. PARROTT AVE.  
OKEECHOBEE, FL 34974 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: DP ( ) Delete  
Name: BRENNAN, J. PATRICK  
Address: 710 S. PARROTT AVE.  
City-St-Zip: OKEECHOBEE, FL 34974

Title: DV ( ) Delete  
Name: SMITH, KRIS  
Address: 710 S. PARROTT AVE.  
City-St-Zip: OKEECHOBEE, FL 34974

Title: DST ( ) Delete  
Name: MCCONNELL, LAURIE  
Address: 710 S. PARROTT AVE.  
City-St-Zip: OKEECHOBEE, FL 34974

**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: JOHN P BRENNAN

PD

03/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date