

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005536

FILED
Apr 16, 2009
Secretary of State

Entity Name: THE IMPAIRED VISION RESOURCE FOUNDATION, INC.

Current Principal Place of Business:

951 E SOUTH LAKEWOOD TER
PORT ORANGE, FL 32120

New Principal Place of Business:

951 E SOUTH LAKEWOOD TER
PORT ORANGE, FL 32127

Current Mailing Address:

951 E SOUTH LAKEWOOD TER
PORT ORANGE, FL 32120

New Mailing Address:

PO BOX 11673
DAYTONA BEACH, FL 32120

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIRACUSA, RAY
951 E SOUTH LAKEWOOD TER
PORT ORANGE, FL 32120 US

Name and Address of New Registered Agent:

SIRACUSA, RAY
951 E SOUTH LAKEWOOD TER
PORT ORANGE, FL 32127 US

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:

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FRANK, MILDRED
Address: 1 JOHN ANDERSON DR, #612
City-St-Zip: ORMOND BEACH, FL 32716

Title: D () Delete
Name: WILSON, GWENYTH
Address: 1124 GARDEN CIRCLE
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: SIRACUSA, RAY
Address: 951 E SOUTH LAKEWOOD TER
City-St-Zip: PORT ORANGE, FL 32127

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: RAY SIRACUSA

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date