


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90334 035 *****61.25

DOCUMENT # N27465 1. Entity Name 35-0 OPTOMETRIC ASSISTANT PROGRAM, INC.					
Principal Place of Business 3225 WINTER LAKE ROAD LAKELAND, FL 33803 US			Mailing Address P.O. BOX 24373 LAKELAND, FL 33802-2473 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2898567	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRETONCORD, TOM 88 WINTER RIDGE ROAD WINTER HAVEN, FL 33881				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC WALKER, F A 1416 GLENDALE STREET LAKELAND, FL 33803	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHN FIERRO 140 LONGFELLOW RD WINTER HAVEN FL 33880	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRETECORD, TOM 88 WINTER RIDGE ROAD WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROGER VONLAND 524 GARY PLAYER RD DAVENPORT FL 33837	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDERSON, MARILYN 250 E COLUMBIA LAKE ALFRED, FL 33850	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARY ANN KLEINTOP 5723 LAKE GROVE ROAD LAKELAND FL 33809	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FIERRO, JOHN P.O. BOX 430 WINTER HAVEN, FL 33882	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELORES PALMORE 154 WINTER RIDGE DRIVE WINTER HAVEN FL 33881	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Thomas E. Gretencord</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> THOMAS E. GRETECORD			TREAS.		4-15-05 (863) 401-8113 <small>Date Daytime Phone #</small>

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04022005 Chg-NP CR2E037 (10/03)