


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90021 008 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2898567	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRETENCORD, TOM 88 WINTER RIDGE ROAD WINTER HAVEN, FL 33881				Name Street Address (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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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					
TITLE	P	Delete <input checked="" type="checkbox"/>	TITLE	P	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	KLEINTOP, MAX		NAME	HAYES, CECIL O	
STREET ADDRESS	5923 LAKE GROVE ROAD		STREET ADDRESS	3852 MOSSY OAK DRIVE	
CITY-ST-ZIP	LAKELAND, FL 33809		CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	TD	Delete <input type="checkbox"/>	TITLE	VD	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	GRETENCORD, TOM		NAME	BONDS, CAROLINE	
STREET ADDRESS	88 WINTER RIDGE ROAD		STREET ADDRESS	3021 LINDSEY DRIVE	
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	VD	Delete <input checked="" type="checkbox"/>	TITLE	D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	HAYES, CECIL D		NAME	KLEINTOP, MAX	
STREET ADDRESS	3852 MOSSY OAK DRIVE		STREET ADDRESS	5723 LAKE GROVE ROAD	
CITY-ST-ZIP	LAKELAND, FL 33810		CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	SD	Delete <input type="checkbox"/>	TITLE		
NAME	KLEINTOP, MARY ANN		NAME		
STREET ADDRESS	5723 LAKE GROVE ROAD		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33809		CITY-ST-ZIP		
TITLE	D	Delete <input type="checkbox"/>	TITLE		
NAME	PALMORE, DELORES		NAME		
STREET ADDRESS	154 WINTER KING DR		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: THOMAS E. GRETENCORD					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: March 21-08 Daytime Phone #: 863-461-3113					