

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27465

FILED
Apr 10, 2009
Secretary of State

Entity Name: 35-0 OPTOMETRIC ASSISTANT PROGRAM, INC.

Current Principal Place of Business:

3225 WINTER LAKE ROAD
LAKELAND, FL 33803 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 24373
LAKELAND, FL 338022473 US

New Mailing Address:

FEI Number: 59-2898567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRETENCORD, TOM
88 WINTER RIDGE ROAD
WINTER HAVEN, FL 33881 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: P () Delete
Name: HAYES, CECIL O
Address: 3852 MOSSY OAK DRIVE
City-St-Zip: LAKELAND, FL 33810

Title: VD () Delete
Name: BONDS, CAROLINE
Address: 3021 LIN DE DRIVE
City-St-Zip: LAKELAND, FL 33810

Title: D () Delete
Name: KLIENTOP, MAX
Address: 5723 LAKE GROVE ROAD
City-St-Zip: LAKELAND, FL 33809

Title: SD () Delete
Name: KLEINTOP, MARY ANN
Address: 5723 LAKE GROVE ROAD
City-St-Zip: LAKELAND, FL 33809

Title: D () Delete
Name: PALMORE, DELORES
Address: 154 WINTER KING DR
City-St-Zip: WINTER HAVEN, FL 33881

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HAYES, CECIL O
Address: 3852 MOSSY OAK DRIVE
City-St-Zip: LAKELAND, FL 33810

Title: P (X) Change () Addition
Name: BONDS, CAROLINE
Address: 3021 LIN DE DRIVE
City-St-Zip: LAKELAND, FL 33810

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: GRETENCORD, THOMAS E
Address: 88 WINTER RIDGE ROAD
City-St-Zip: WINTER HAVEN, FL 33881

Title: VD () Change (X) Addition
Name: DOMBROWSKI, DIANE
Address: 332 AVE D S.E.
City-St-Zip: WINTER HAVEN, FL 33880

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: THOMAS E. GRETENCORD

TD

04/10/2009

Electronic Signature of Signing Officer or Director

Date