

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27465

FILED
Mar 10, 2010
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: D
Name: HAYES, CECIL O
Address: 3852 MOSSY OAK DRIVE
City-St-Zip: LAKELAND, FL 33810

Title: P
Name: DOMBROWSKI, DIANE
Address: 322 AVE D S.E.
City-St-Zip: WINTER HAVEN, FL 33880

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

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

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

Title: D
Name: PALMORE, DELORES
Address: 154 WINTER RIDGE DRIVE
City-St-Zip: WINTER HAVEN, FL 33881

I hereby 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 all other like empowered.

SIGNATURE: THOMAS GRETENCORD

TD

03/10/2010

Electronic Signature of Signing Officer or Director

Date