

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N27465

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



FILED

2011 FEB 24 AM 11:44

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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.

02162011 Chg-NP CR2E037 (11/08)

City & State

City & State

4. FEI Number
59-2898567

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2011**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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	D HAYES, CECIL O 3852 MOSSY OAK DRIVE LAKELAND, FL 33810	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOMBROWSKI, DIANE 322 AVE D S.E. WINTER HAVEN, FL 33880	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEINTOP, MAX 5723 LAKE GROVE ROAD LAKELAND, FL 33809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLEINTOP, MARY ANN 5723 LAKE GROVE ROAD LAKELAND, FL 33809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRETENCORD, THOMAS E 88 WINTER RIDGE ROAD WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMORE, DELORES 154 WINTER RIDGE DRIVE WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUSAN Sirois 208 AVE SE #362 WINTER HAVEN FL 33880	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMBROWSKI, DIANE 322 AVE D S.E. WINTER HAVEN FL 33880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DELORES PALMORE 154 WINTER RIDGE DRIVE WINTER HAVEN FL 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

**000195953540
02/24/11--01041--023 **61.25**

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 T.D.*

2-16-11

RH