

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAR 27 AM 9:03

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

Zip

Country

Zip

Country

03232012 Chg-NP CR2E037 (12/11)

4. FEI Number
59-2898567

Applied For
Not Applicable

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, 2012

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 P
NAME SIROIS, SUSAN ☒ Delete
STREET ADDRESS 200 AVE K SE #362
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE P ☒ Change ☐ Addition
NAME PALMORE, DELORES
STREET ADDRESS 154 WINTER RIDGE DRIVE
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE D ☐ Delete
NAME DOMBROWSKI, DIANE
STREET ADDRESS 322 AVE D S.E.
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE D ☒ Change ☐ Addition
NAME SIROIS, SUSAN
STREET ADDRESS 200 AVE K SE #362
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE D ☐ Delete
NAME KLIENTOP, MAX
STREET ADDRESS 5723 LAKE GROVE ROAD
CITY-ST-ZIP LAKELAND, FL 33809

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800226400178
CITY-ST-ZIP 03/27/12--01031--012 **\$61.25

TITLE SD ☐ Delete
NAME KLEINTOP, MARY ANN
STREET ADDRESS 5723 LAKE GROVE ROAD
CITY-ST-ZIP LAKELAND, FL 33809

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME GRETENCORD, THOMAS E
STREET ADDRESS 88 WINTER RIDGE ROAD
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Delete
NAME PALMORE, DELORES
STREET ADDRESS 154 WINTER RIDGE DRIVE
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

3-23-12

MAR 27 2012

T. CAULEY