

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N43280** (9)

1. Corporation Name

FLORIDA COUNCIL FOR VISION AWARENESS, INC.

Principal Place of Business

Mailing Address

**C/O MARK D. LANDRETH
401 OFFICE PLAZA DRIVE
TALLAHASSEE FL 32301**

**C/O MARK D. LANDRETH
401 OFFICE PLAZA DRIVE
TALLAHASSEE FL 32301**



3. Date Incorporated or Qualified

05/07/1991

3a. Date of Last Report

07/26/1995

4. FEI Number

59-3069874

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANDRETH, MARK D.
401 OFFICE PLAZA DRIVE
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE
NAME **LIANE, NANCY**
STREET ADDRESS **4331 GALILEO**
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Stern, Florence**
1.3 STREET ADDRESS **8732 Sunset Drive**
1.4 CITY-ST-ZIP **Miami, FL 33173**

TITLE **VP** ☐ DELETE
NAME **AKEL, BETH**
STREET ADDRESS **3675 CATHEDRAL COVE RD.**
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE **P** ☒ Change ☐ Addition
2.2 NAME **Akel, Beth**
2.3 STREET ADDRESS **3675 Cathedral Cove Rd.**
2.4 CITY-ST-ZIP **Jacksonville, FL 32205**

TITLE **T** ☐ DELETE
NAME **BOYLE, KAREN**
STREET ADDRESS **16441 BLATT BLVD. #106**
CITY-ST-ZIP **SUNRISE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **PIERCE, MELISSA**
STREET ADDRESS **1036 HAGEN DR.**
CITY-ST-ZIP **NEW PORT RICHEY FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **BRAUSS, SANDRA**
STREET ADDRESS **520 NE 30TH ST**
CITY-ST-ZIP **WILTON MANOR FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **FOREMAN, SANDRA**
STREET ADDRESS **ROUTE 8 BOX 874**
CITY-ST-ZIP **LAKE CITY FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mark D. Landreth Mark D. Landreth

4/18/96

904

877

4697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)