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**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90045 038 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N43280**

1. Corporation Name

**FLORIDA COUNCIL FOR VISION AWARENESS, INC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/07/1991

4. FEI Number

59-3069874

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

I, Pursuant to the provisions of Sections 617.0502 and 617.1608, 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

TITLE **P** ☐ DELETE  
NAME **STERN, FLORENCE**  
STREET ADDRESS **8732 SUNSET DRIVE**  
CITY-ST-ZIP **MIAMI FL**

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

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Secretary** ☐ Change ☒ Addition  
1.2 NAME **BJ Grimshaw**  
1.3 STREET ADDRESS **3860 Ponte Vedra Ct**  
1.4 CITY-ST-ZIP **Jacksonville Bch, FL 32250**

2.1 TITLE **Trustee** ☐ Change ☒ Addition  
2.2 NAME **Mary Anne Pearl**  
2.3 STREET ADDRESS **1471 NW 113 Ave**  
2.4 CITY-ST-ZIP **Pembroke Pines, FL 33029**

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

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

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

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

*Karen Boyle* **SIGNATURE REQUIRED** **Karen Boyle**

Date

**3/5/99**

Daytime Phone #

**407-757-3407**

CR2E037 (1/98)