## **FILE NOW: FILING FEE IS \$61.25**

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATU



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004584 (9)

THE FLORIDA FOUNDATION FOR THE PRESERVATION OF SIGHT, INC.

38233 DAUGHT ZEPHYRHILLS F		38233 DAUGHTERY ROA ZEPHYRHILLS FL 33540-1							
					3. Date Incorporated or Qualified 10/08/1993				
	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	<u> </u>	T A	oplied For
21		26				65-0494311		No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$		Additional
City & State	e	City & State							equired
23		28				6. Election Campaign Financing Trust Fund Contribution			May Be
Zip	Country	Zip	Co	untry		8. This corporation has liability for i			to Fees
24	25	29	30	,			ritangible tax Yes 🔀 N	unoers Vo	. 199.032,
	9. Name and Address of Curre		1001	T		10. Name and Address of New Re			
				81	Name	, , , , , , , , , , , , , , , , , , , ,	<del></del>		
KAUFMA	NN, STUART J			92	Ctroot	Address (DO Dev North Leaf New Assessed	1-1		
	AUGHTERY ROAD		82 Street Ad			Address (P.O. Box Number is Not Acceptab	ie)		
	HILLS FL 33540			83				·	
				84	City			e Zin	Code
					•		FL		Code
agent. La	to the provisions of Sections 617.05 egistered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida. Such channe was	s authorize	ad by	the corr	corporation submits this statement for the p poration's board of directors. I hereby accep	urpose of cha it the appoint	anging it ment as	s registered registered
SIGNATURE .	Signature, typed or printed name of registered ag	gent and title if applicable. (NO	DTE Registere	ed Age	nt signature	required when rainstating)	DATE		
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DI	RECTOR	RS IN 12
TITLE	PTD	DELETE	1.1 T	ITLE				Change	Addition
NAME	KAUFMAN, STUART J		1.2 N	NAME					
STREET ADDRESS	38233 DAUGHTERY ROAD		1.3 \$	STREET	ADDRESS				
CITY-ST-ZIP	ZEPHYRHILLS FL 33540		1.4 0	HTY-SI	r-zip				
TITLE	VD	DELETE	2.1 T	ITLE				Change	Addition
NAME	Kaufman, Debra L		2.2 N	NAME					
STREET ADDRESS	38233 DAUGHTERY ROAD		2.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	ZEPHYRHILLS FL 33540		2.40	CITY-S	T - ZiP	1			
TITLE	SD	DELETE	3.1 T	3.1 TITLE				Change	Addition
NAME	Caldwell, Bertha e		3.2 N	3.2 NAME					
STREET ADDRESS	38233 DAUGHTERY ROAD		3.3 S	STREET.	ADDRESS				
CITY-ST-ZIP	ZEPHYRHILLS FL 33540		3.4. (	CITY-\$	T-Z1P				
TATLE		DELETE	4.1 T	ITLE				Change	Addition
NAME			4.21	NAME		•			
STREET ADDRESS			4.3 S	STAEET.	address				
CITY-ST-ZIP			4.4 0	CITY - ST	f-ZIP				
TITLE		DELETE	5.1 T	ITLE				Change	☐ Addition
NAME			5.2 N	IAME				_	
STREET ADDRESS			5.3 \$	TREET	ADDRESS				
CITY - ST - ZIP				CITY-SI					
TITLE	•	☐ DELETE	6.1 T		:			Change	☐ Addition
NAME			6.2 N	IAME		·	_	-	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				∦TY-SI					
14. I do hereb	by certify that the information supplies	ed with this filing does not qua	lify for the	exer	motion s	tated in Section 119.07(3)(i), Florida Statutes	. I further cer	rtify that	the
Information	on indicated or this annual report or fficer or director of the director at the director at the director of th	supplemental annual report is the receiver or trustee emport	true and	accu execu	rate and ute this r	that my signature shall have the same lega eport as required by Chapter 617, Florida S	effect as if national termination in the terminatio	nade un hat my r	der oath; that าลme

100 1019

**FILED** 

Jan 27 1997 8:00am

Secretary of State