FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

\$andra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9300004584 (9)

THE FLORIDA FOUNDATION FOR THE PRESERVATION OF SIGHT, INC.

Principal Place of Business Mailing Address 38233 DAUGHTERY ROAD 38233 DAUGHTERY ROAD 3. Date Incorporated or Qualified ZEPHYRHILLS FL 33540 ZEPHYRHILLS FL 33540 10/08/1993 4. FEI Number Applied For 65-0494311 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association? City & State City & State Yes 28 Country Country 8. This corporation owes or has paid the current year intengible 29 Personal Property Tax due June 30. ☐ Yes 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name KAUFMAN, STUART J 82 Street Address (P.O. Box Number is Not Acceptable) 38233 DAUGHTERY ROAD 83 ZEPHYRHILLS FL 33540 Zip Code City 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 lamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETÉ TITLE 1.1 TITLE Change KAUFMAN, STUART J 1.2 NAME NAME **38233 DAUGHTERY ROAD** 1.3 STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33540 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change __ Addition TITLE 2.1 TITLE KAUFMAN, DEBRA L 2.2 NAME NAME 38233 DAUGHTERY ROAD STREET ADDRESS 2.3 STREET ADDRESS ZEPHYRHILLS FL 33540 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE CALDWELL, BERTHA E NAME 32 NAME 38233 DAUGHTERY ROAD 3.3 STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33540 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 corridoration or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 13 if chapter 647. Florida Statutes.

EL CHIRLE

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

CR2E037 (10/9

788-7616

Change

Addition

FILED

Feb 12 1998 8:00am

Secretary of State