

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001637

FILED
Feb 18, 2009
Secretary of State

Entity Name: LION'S VISION CARE OF UPPER PINELLAS COUNTY, FOUNDATION, INC.

Current Principal Place of Business:

P.O. BOX 6321
CLEARWATER, FL 34618

New Principal Place of Business:

660 SUGAR PALM ST
LARGO, FL 33770

Current Mailing Address:

P.O. BOX 6321
CLEARWATER, FL 34618

New Mailing Address:

550 SUGAR PALM ST
LARGO, FL 33770

FEI Number: 59-3246543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, FRANK
2451 RUTHLAND LN
CLEARWATER, FL 34623 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RANDALL, SARA J
Address: 18675 HWY 19 N #269
City-St-Zip: CLEARWATER, FL 33764

Title: DS () Delete
Name: LUNDGREN, ISABELLA
Address: 215 INDEPENDENCE LANE
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: POLLIO, JOELL M
Address: 11602 INNFIELDS DR
City-St-Zip: ODESSA, FL 33556

Title: DVP () Delete
Name: TUCKER, RONALD DR
Address: 5580 OAKHURST DRIVE
City-St-Zip: SEMINOLE, FL 33772

Title: EA () Delete
Name: TINNEY, CAROLYN E
Address: 660 SUGAR PALM
City-St-Zip: LARGO, FL 33778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOELL M POLLIO

TRES

02/18/2009

Electronic Signature of Signing Officer or Director

Date