

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001637

FILED  
Mar 31, 2012  
Secretary of State

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

**Current Principal Place of Business:**

660 SUGAR PALM ST  
LARGO, FL 33770

**New Principal Place of Business:**

**Current Mailing Address:**

660 SUGAR PALM ST  
LARGO, FL 33770

**New Mailing Address:**

**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  
Name: MURPHY, KENNETH J  
Address: 1750 A -2 BELLEAIR FOREST DR  
City-St-Zip: BELLEAIR, FL 33756

Title: DS  
Name: DOUGLAS, KAREN  
Address: 3054 ADRIAN AVE  
City-St-Zip: LARGO, FL 33774

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOELL M POLLIO

DT

03/31/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date