

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004820

FILED  
Jan 07, 2007  
Secretary of State

**Entity Name:** VOLUNTEER OPTOMETRIC SERVICES TO HUMANITY/FLORIDA CHAPTER, INCORPORATED

**Current Principal Place of Business:**

2025 SUSSEX RD.  
WINTER PARK, FL 32792 US

**New Principal Place of Business:**

**Current Mailing Address:**

506 HAWKINS CIR  
APOPKA, FL 32703 US

**New Mailing Address:**

**FEI Number:** 59-3346009

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GEHRIG, JOHN A  
2025 SUSSEX RD.  
WINTER PARK, FL 32792 US

**Name and Address of New Registered Agent:**

GEHRIG, JOHN A ESQ.  
2025 SUSSEX RD.  
WINTER PARK, FL 32792 US

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: JOHN A. GEHRIG, ESQ.

01/07/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GEHRIG, JOHN A  
Address: 2025 SUSSEX ROAD  
City-St-Zip: WINTER PARK, FL 32792 US

Title: VD ( ) Delete  
Name: BRUSS, MAX R  
Address: 3701 SE 66TH STREET  
City-St-Zip: OCALA, FL 34480 US

Title: SD ( ) Delete  
Name: BABINE, HAROLD C  
Address: 506 HAWKINS CIRCLE  
City-St-Zip: APOPKA, FL 32703 US

Title: TD ( ) Delete  
Name: BABINE, HAROLD C  
Address: 506 HAWKINS CIRCLE  
City-St-Zip: APOPKA, FL 32703 US

Title: VD ( ) Delete  
Name: ANDERSON, PAUL E  
Address: 1023 S.E. 49TH AVENUE  
City-St-Zip: OCALA, FL 34471 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ANDERSON, PAUL E O.D.  
Address: 1203 SE 49TH AVENUE  
City-St-Zip: OCALA, FL 34471 US

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: VD (X) Change ( ) Addition  
Name: BARR, ROBERT D O.D.  
Address: 17075 43 ROAD NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470 US

I hereby certify that the information supplied with this filing does not qualify for the 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: HAROLD C. BABINE

SD

01/07/2007

Electronic Signature of Signing Officer or Director

Date