

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004820

FILED
Apr 17, 2009
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:

2348 SIERRA LANE
MAITLAND, FL 32751 US

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 ESQ.
2025 SUSSEX RD.
WINTER PARK, FL 32792 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: PD () Delete
Name: ANDERSON, PAUL E O.D.
Address: 1203 SE 49TH AVENUE
City-St-Zip: OCALA, FL 34471 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: BARR, ROBERT D O.D.
Address: 17075 43 ROAD NORTH
City-St-Zip: LOXAHATCHEE, FL 33470 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: BABINE, HAROLD C
Address: 2348 SIERRA LANE
City-St-Zip: MAITLAND, FL 32751 US

Title: TD (X) Change () Addition
Name: BABINE, HAROLD C
Address: 2348 SIERRA LANE
City-St-Zip: MAITLAND, FL 32751 US

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: HAROLD C. BABINE

SD

04/17/2009

Electronic Signature of Signing Officer or Director

Date