

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90137 029 ****61.25

DOCUMENT # N99000003454 1. Entity Name MANASOTA OPTOMETRIC SOCIETY, INC.					
Principal Place of Business 262 WEST MIAMI AVENUE VENICE, FL 34285			Mailing Address 262 WEST MIAMI AVENUE VENICE, FL 34285		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-2196027	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WALKER, SCOTT O.D. 262 WEST MIAMI AVENUE C/O MANASOTA OPTOMETRIC SOCIETY VENICE, FL 34285			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Scott Walker</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>secretary-treasurer</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>7-12-06</u> <small>DATE</small>	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUBIN, DAVID 107 SHAMROCK BLVD VENICE, FL 34293		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Donna Shotwell OD 4934 Fruitville Rd. Sarasota, FL 34232	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WALKER, SCOTT 262 WEST MIAMI AVE VENICE, FL 34285		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WALKER, SCOTT 262 West Miami Ave Venice, FL 34285	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOVIO, STEVE 3691 WEBBER ST. SARASOTA, FL 34232		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bovio, Steve 3691 Webber St. Sarasota, FL 34232	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, TODD 5540 BEE RIDGE RD SARASOTA, FL 34232		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Murphy, Brian 2003 Cortez Rd. West Bradenton, FL 34207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOTWELL, DONNA 4934 FRUITVILLE RD SARASOTA, FL 34232		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bedinghaus, Troy 5129 4th St West Bradenton, FL 34210	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMOND, MELISSA 8433 TUTTLE RD SARASOTA, FL 34243		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hammond, Melissa 8433 Tuttle Rd Sarasota, FL 34243	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Scott Walker</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>Scott Walker</u> <small>Date</small>		<u>7-12-06 (941) 485-2468</u> <small>Daytime Phone #</small>	