2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# N99000005052

Entity Name: NORTH CENTRAL FLORIDA OPTOMETRY SOCIETY, INC.

Current Principal Place of Business:

401 OFFICE PLAZA DR.
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

2074 SW SISTER'S WELCOME RD
LAKE CITY, FL 32025

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAILEY, PATRICIA L O.D.
2074 SW SISTER'S WELCOME RD
LAKE CITY, FL 32025 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: BAILEY, PATRICIA L O.D.
Address: 2074 SW SISTER'S WELCOME RD
City-St-Zip: LAKE CITY, FL 32025

Title: VPD ( ) Delete
Name: MOOSE-STARLING, HEATHER O.D.
Address: 2074 SW SISTER'S WELCOME RD
City-St-Zip: LAKE CITY, FL 32025

Title: TD ( ) Delete
Name: AHALT, ADAM O.D.
Address: 1322 NW 49TH TERR.
City-St-Zip: GAINESVILLE, FL 32605

Title: SD ( ) Delete
Name: PEARCY-BEAULYOT, MISCHELLE OD
Address: 2074 SW SISTER'S WELCOME
City-St-Zip: LAKE CITY, FL 32025

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:

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: PATRICIA L. BAILEY DR. 01/07/2008
Electronic Signature of Signing Officer or Director — Date