

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005052

FILED  
Jan 28, 2009  
Secretary of State

**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, MISHELLE 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.

01/28/2009

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

\_\_\_\_\_  
Date