

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000005536

**Entity Name:** THE IMPAIRED VISION RESOURCE FOUNDATION, INC.

**Current Principal Place of Business:**

951 E SOUTH LAKEWOOD TER  
PORT ORANGE, FL 32127

**Current Mailing Address:**

951E SOUTH LAKEWOOD TERRACE  
PORT ORANGE, FL 32127 US

**FEI Number:** 26-2804015

**Certificate of Status Desired:** Yes

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

SIRACUSA, RAY  
951 E SOUTH LAKEWOOD TER  
PORT ORANGE, FL 32127 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:** RAY SIRACUSA

03/26/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name WILSON, GWENYTH  
Address 1124 GARDEN CIRCLE  
City-State-Zip: DELAND FL 32720

Title O  
Name SIRACUSA, RAY  
Address 951E SOUTH LAKEWOOD TERRACE  
City-State-Zip: PORT ORANGE FL 32127

*I hereby 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 all other like empowered.*

**SIGNATURE:** RAY SIRACUSA

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03/26/2013

Electronic Signature of Signing Officer/Director Detail

Date