

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000000262

Entity Name: NORTHEAST FLORIDA OPTOMETRIC SOCIETY, INC

Current Principal Place of Business:

3948 3RD STREET SOUTH
#41
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

3948 3RD STREET SOUTH
#41
JACKSONVILLE BEACH, FL 32250

FEI Number: 80-0527910

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROGERS, JENNA
3948 3RD ST S
#41
JACKSONVILLE BEACH, FL 32250 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: JENNA ROGERS

01/04/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name ROGERS, JENNA DR.
Address 2743 COLLEGE STREET
City-State-Zip: JACKSONVILLE FL 32205

Title TREASURER
Name O'CONNER, BRETT DR.
Address 11945 SAN JOSE BLVD #202
City-State-Zip: JACKSONVILLE FL 32223

Title PRESIDENT
Name COWART, ASHLEY L
Address 612 MIRAMAR LN
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title SECRETARY
Name HARRELSON, JAY
Address 13245 ATLANTIC BLVD #8
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR
Name SOVA, OKSANA
Address 4712 RIVER CITY DR #107
City-State-Zip: JACKSONVILLE FL 32246

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: JACOB HODGES

PAST-PRESIDENT

01/04/2022

Electronic Signature of Signing Officer/Director Detail

Date