

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1000000262

**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:** Yes

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

HOCKETT, TODD  
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:** TODD HOCKETT

07/02/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PAST PRESIDENT  
Name WOMACK, JOHN DR.  
Address 4413 TOWN CENTER PARKWAY  
City-State-Zip: JACKSONVILLE FL 32246

Title PRESIDENT  
Name LARSON, KAREN DR.  
Address 905 PARK AVE  
#100  
City-State-Zip: ORANGE PARK FL 32073

Title VP  
Name HOCKETT, TODD DR.  
Address 1400 US HWY 1 S  
City-State-Zip: ST. AUGUSTINE FL 32084

Title TREASURER  
Name KEENER, BRIGITTE DR.  
Address 4500 SAN PABLO RD S.  
City-State-Zip: JACKSONVILLE FL 32224-1865

Title SECRETARY  
Name RUSSELL, CHRISTEN DR.  
Address 7051 SOUTHPOINT PARKWAY S  
SUITE 300  
City-State-Zip: JACKSONVILLE FL 32216

*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:** TODD HOCKETT

VP

07/02/2018

Electronic Signature of Signing Officer/Director Detail

Date