

2020 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:

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

01/20/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name ROGERS, JENNA DR.
Address 14964 MAX LEGGETT PKWY
City-State-Zip: JACKSONVILLE FL 32218

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

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

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

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

Title TREASURER
Name HODGES, JACOB DR.
Address 905 PARK AVENUE SUITE 100
City-State-Zip: ORANGE PARK FL 32073

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

TREASURER

01/20/2020

Electronic Signature of Signing Officer/Director Detail

Date