

2017 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:

WOMACK, JOHN
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: JOHN WOMACK

04/10/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PAST PRESIDENT
Name WYGONIK, EDWARD DR.
Address 359 MARSH LANDING PARKWAY
City-State-Zip: JACKSONVILLE BEACH FL 32250

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

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

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

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

Title DIRECTOR
Name MUTAI, CHRIS DR.
Address 9398 ARLINGTON EXPRESSWAY
SUITE 1
City-State-Zip: JACKSONVILLE FL 32225

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: JOHN WOMACK

PRESIDENT

04/10/2017

Electronic Signature of Signing Officer/Director Detail

Date