

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000000262

**FILED**  
**Jan 09, 2014**  
**Secretary of State**  
**CC7854637492**

**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:**

BROWN, AMANDA L  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent Date

**Officer/Director Detail :**

Title P  
Name FALDEN, ALLISON  
Address 880 A1A N #13  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title VP  
Name AARONSON, VANESSA  
Address 8705 PERIMETER PARK BLVD #10  
City-State-Zip: JACKSONVILLE FL 32216

Title T  
Name BROWN, AMANDA  
Address 1251 OSCEOLA AVE  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title S  
Name WYGONIK, EDWARD  
Address 359 MARSH LANDING PARKWAY  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title D1  
Name WOMACK, JOHN  
Address 4413 TOWN CENTER PARKWAY  
City-State-Zip: JACKSONVILLE FL 32246

Title D2  
Name LARSON, KAREN  
Address 905 PARK AVE #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: AMANDA BROWN**

**TREASURER**

**01/09/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date