

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000008104

Entity Name: BROOKSVILLE VISION FOUNDATION, INC.**Current Principal Place of Business:**11 N. MAIN STREET
BROOKSVILLE, FL 34601**Current Mailing Address:**11 N. MAIN STREET
BROOKSVILLE, FL 34601 US**FEI Number:** 45-1511382**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OLIVER & COMPANY, P.A.
18 N BROAD STREET
BROOKSVILLE, FL 34601 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	DIRECTOR
Name	BUCKNER, ROBERT A
Address	11 N. MAIN STREET
City-State-Zip:	BROOKSVILLE FL 34601

Title	PRESIDENT
Name	MANUEL, CLIFFORD
Address	966 CANDLELIGHT BLVD.
City-State-Zip:	BROOKSVILLE FL 34601

Title	S
Name	RUPE, SUSAN
Address	6132 RUPE RD
City-State-Zip:	BROOKSVILLE FL 34602

Title	TREASURER
Name	LOWMAN, MATT
Address	P.O. BOX 1323
City-State-Zip:	BROOKSVILLE FL 34605

Title	DIRECTOR
Name	KIMBROUGH, JAMES H. JR.
Address	11 N. MAIN STREET
City-State-Zip:	BROOKSVILLE FL 34601

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: ROBERT BUCKNER**DIRECTOR****01/15/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date