

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27465

Entity Name: 35-0 OPTOMETRIC ASSISTANT PROGRAM, INC.**Current Principal Place of Business:**3225 WINTER LAKE ROAD
LAKELAND, FL 33803**Current Mailing Address:**P.O. BOX 24373
LAKELAND, FL 33802-2473 US**FEI Number:** 59-2898567**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRETENCORD, TOM
88 WINTER RIDGE ROAD
WINTER HAVEN, FL 33881 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	VP
Name	PALMORE, DELORES
Address	154 WINTER RIDGE DRIVE
City-State-Zip:	WINTER HAVEN FL 33881

Title	PRESIDENT
Name	SIROIS, SUSAN
Address	618 CRYSTAL BLVD
City-State-Zip:	WINTER HAVEN FL 33884

Title	D
Name	KLIENTOP, MAX
Address	5723 LAKE GROVE ROAD
City-State-Zip:	LAKELAND FL 33809

Title	SD
Name	KLEINTOP, MARY ANN
Address	5723 LAKE GROVE ROAD
City-State-Zip:	LAKELAND FL 33809

Title	D
Name	GRETENCORD, THOMAS E
Address	88 WINTER RIDGE ROAD
City-State-Zip:	WINTER HAVEN FL 33881

Title	TD
Name	LEWIS, SHARON B
Address	152 MILLER DRIVE
City-State-Zip:	WINTER HAVEN FL 33884

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: SHARON B. LEWIS**TREASURER-DIRECTOR****04/05/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date