

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002962

FILED
Apr 20, 2009
Secretary of State

Entity Name: VISIONWEAVERS FOUNDATION, INC.

Current Principal Place of Business:

937 W JEFFERSON ST
TALLAHASSEE, FL 323064190 US

New Principal Place of Business:

Current Mailing Address:

937 W JEFFERSON ST
TALLAHASSEE, FL 323064190 US

New Mailing Address:

224 SINCLAIR ROAD
TALLAHASSEE, FL 32312 US

FEI Number: 19-3401137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKES, MARY
937 W JEFFERSON ST
TALLAHASSEE, FL 32306 US

Name and Address of New Registered Agent:

WILKES, MARY
224 SINCLAIR ROAD
TALLAHASSEE, FL 32312 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:

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HELFAND, LEONARD
Address: 1915 SICKA DEER DR.
City-St-Zip: TALLAHASSEE, FL 32304

Title: VPD () Delete
Name: WILKES, MARY
Address: 937 W JEFFERSON ST
City-St-Zip: TALLAHASSEE, FL 323064190 US

Title: VPD () Delete
Name: PRESS, SHARON
Address: 5721 GRASSLAND RD.
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: WILKES, MARY
Address: 224 SINCLAIR ROAD
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARY A. WILKES

VPD

04/20/2009

Electronic Signature of Signing Officer or Director

Date