

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 02 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N96000003595 (3)**

1. Corporation Name  
**VISION IS PRICELESS COUNCIL, INC.**



Principal Place of Business 1820 BARRS STREET SUITE 546 JACKSONVILLE FL 32204	Mailing Address 1820 BARRS STREET SUITE 546 JACKSONVILLE FL 32204
--	--

3. Date Incorporated or Qualified  
**07/03/1996**

4. FEI Number  
**59-3386495**

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business **21**      2a. Mailing Address **26**

Suite, Apt. #, etc. **22**      Suite, Apt. #, etc. **27**

City & State **23**      City & State **28**

Zip **24**      Country **25**      Zip **29**      Country **30**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**BAUMER, CAROL B**  
**1820 BARRS STREET**  
**SUITE 546**  
**JACKSONVILLE FL 32204**

10. Name and Address of New Registered Agent

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SEELY, FRED</b>	
STREET ADDRESS	<b>1820 BARRS STREET, SUITE 546</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32204</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GIBSON, ROGER G</b>	
STREET ADDRESS	<b>P. O. DRAWER 10209 N/A</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32247</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HERED, ROBERT W M.D.</b>	
STREET ADDRESS	<b>P. O. BOX 5720 N/A</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32247</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MCINTOSH, ANNE G</b>	
STREET ADDRESS	<b>4063 RIBAULE RIVER LANE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32208</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WIGGINS, C. DONALD D.B.A.</b>	
STREET ADDRESS	<b>9424 BAYMEADOWS ROAD, SUITE 130</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BAUMER, CAROL B</b>	
STREET ADDRESS	<b>1820 BARRS STREET, SUITE 546</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32204</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Chandler, Warren L.</b>	
1.3 STREET ADDRESS	<b>720 Gilmore Street, 5th Floor</b>	
1.4 CITY-ST-ZIP	<b>Jacksonville, FL 32204</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carol B. Baumer* **CAROL B. Baumer**      1/15/98      (904) 308-2020

CR2E037 (10/97)