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Feb 18, 1999 8:00am  
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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000003595

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

07/03/1996

4. FEI Number

59-3386495

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME CHANDLER, WARREN L  
STREET ADDRESS 720 GILMORE ST, 5TH FLOOR  
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE D ☐ DELETE  
NAME GIBSON, ROGER G  
STREET ADDRESS P. O. DRAWER 10209 N/A  
CITY-ST-ZIP JACKSONVILLE FL 32247

TITLE D ☐ DELETE  
NAME HERED, ROBERT W M.D.  
STREET ADDRESS P. O. BOX 5720 N/A  
CITY-ST-ZIP JACKSONVILLE FL 32247

TITLE D ☐ DELETE  
NAME MCINTOSH, ANNE G  
STREET ADDRESS 4063 RIBAULE RIVER LANE  
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE D ☐ DELETE  
NAME WIGGINS, C. DONALD D.B.A.  
STREET ADDRESS 9424 BAYMEADOWS ROAD, SUITE 130  
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE D ☐ DELETE  
NAME BAUMER, CAROL B  
STREET ADDRESS 1820 BARRS STREET, SUITE 546  
CITY-ST-ZIP JACKSONVILLE FL 32204

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(l), 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, with all other like empowered.

SIGNATURE:

*Carol B. Baumer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/15/99 (904) 308-2020

Daytime Phone #

CR2E037 (1/98)