

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 18, 1999 8:00am**  
**Secretary of State**

02-18-1999 90138 046 \*\*\*\*\*61.25

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	Mailing Address
1820 BARRS STREET SUITE 546 JACKSONVILLE FL 32204	1820 BARRS STREET SUITE 546 JACKSONVILLE FL 32204



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/03/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3386495	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BAUMER, CAROL B 1820 BARRS STREET SUITE 546 JACKSONVILLE FL 32204				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHANDLER, WARREN L			1.2 NAME			
STREET ADDRESS	720 GILMORE ST, 5TH FLOOR			1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32204			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GIBSON, ROGER G			2.2 NAME			
STREET ADDRESS	P. O. DRAWER 10209 N/A			2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32247			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HERED, ROBERT W M.D.			3.2 NAME			
STREET ADDRESS	P. O. BOX 5720 N/A			3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32247			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCINTOSH, ANNE G			4.2 NAME			
STREET ADDRESS	4063 RIBAULE RIVER LANE			4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32208			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WIGGINS, C. DONALD D.B.A.			5.2 NAME			
STREET ADDRESS	9424 BAYMEADOWS ROAD, SUITE 130			5.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32256			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAUMER, CAROL B			6.2 NAME			
STREET ADDRESS	1820 BARRS STREET, SUITE 546			6.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32204			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 DATE: 1/15/99 DAYTIME PHONE #: (904) 308-2020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)