


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000003595</b> 1. Entity Name VISION IS PRICELESS COUNCIL, INC.	
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Principal Place of Business 1820 BARRS STREET SUITE 546 JACKSONVILLE, FL 32204	Mailing Address 1820 BARRS STREET SUITE 546 JACKSONVILLE, FL 32204
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01052004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3386495	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANDLER, WARREN L PO BOX 2982 JACKSONVILLE, FL 32203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BETCHKAL, JANET MD 1820 BARRS STREET JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERED, ROBERT W M.D. P. O. BOX 5720 N/A JACKSONVILLE, FL 32247
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCINTOSH, ANNE G 4063 RIBAULE RIVER LANE JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIGGINS, C. DONALD D.B.A. 225 WALTER STREET STE 1250 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUMER, CAROL B 1820 BARRS STREET, SUITE 546 JACKSONVILLE, FL 32204

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 02/25/04-80061-013 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Carol B. Baumer Carol B. Baumer 2/23/04 904-308-2020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #