

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000003595

1. Entity Name
VISION IS PRICELESS COUNCIL, INC.



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

Principal Place of Business

1820 BARRS STREET
SUITE 546
JACKSONVILLE, FL 32204

Mailing Address

1820 BARRS STREET
SUITE 546
JACKSONVILLE, FL 32204



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 ☐ **\$8.75 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

**DO NOT WRITE
IN THIS SPACE**

12. 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol B. Baumer

2/23/04

904-308-2020

Date

Daytime Phone #