

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90098 028 ****61.25

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DOCUMENT # N96000003595					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3386495	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BAUMER, CAROL B 1820 BARRS STREET SUITE 546 JACKSONVILLE, FL 32204			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHANDLER, WARREN L		NAME	Harvey, Mary B.	
STREET ADDRESS	PO BOX 2982		STREET ADDRESS	360 Tidewater Dr.	
CITY-ST-ZIP	JACKSONVILLE, FL 32203		CITY-ST-ZIP	Jacksonville FL 32211	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETCHKAL, JANET MD		NAME		
STREET ADDRESS	1820 BARRS STREET		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32204		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERED, ROBERT W.M.D.		NAME		
STREET ADDRESS	P. O. BOX 5720 N/A		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32247		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTOSH, ANNE G		NAME		
STREET ADDRESS	4063 RIBAULE RIVER LANE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32208		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGGINS, C. DONALD D.B.A.		NAME		
STREET ADDRESS	225 WALTER STREET STE 1250		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMER, CAROL B		NAME		
STREET ADDRESS	1820 BARRS STREET, SUITE 546		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32204		CITY-ST-ZIP		
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: <u>Carol B. Baumer</u> Carol B. Baumer			2/2/05		904-308-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #