


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N96000003595</b>	
1. Entity Name <b>VISION IS PRICELESS COUNCIL, INC.</b>	

Principal Place of Business <b>1820 BARRS STREET SUITE 546 JACKSONVILLE, FL 32204</b>	Mailing Address <b>1820 BARRS STREET SUITE 546 JACKSONVILLE, FL 32204</b>
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**50011523**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01242005 Chg-NP CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BAUMER, CAROL B 1820 BARRS STREET SUITE 546 JACKSONVILLE, FL 32204</b>		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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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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	<del>K D</del>	<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.

<b>SIGNATURE:</b> <u>Carol B. Baumer</u> Carol B. Baumer	<b>2/2/05</b>	<b>904-308-2020</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>