

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003595

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: VISION IS PRICELESS COUNCIL, INC.

## Current Principal Place of Business:

1820 BARRS STREET  
SUITE 546  
JACKSONVILLE, FL 32204

## New Principal Place of Business:

3 SHIRCLIFF WAY  
SUITE 546  
JACKSONVILLE, FL 32204

## Current Mailing Address:

1820 BARRS STREET  
SUITE 546  
JACKSONVILLE, FL 32204

## New Mailing Address:

3 SHIRCLIFF WAY  
SUITE 546  
JACKSONVILLE, FL 32204

FEI Number: 59-3386495

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MATTOX, SUSAN F  
1820 BARRS STREET  
SUITE 546  
JACKSONVILLE, FL 32204 US

## Name and Address of New Registered Agent:

MATTOX, SUSAN F  
3 SHIRCLIFF WAY  
SUITE 546  
JACKSONVILLE, FL 32204 US

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.

SIGNATURE:

01/12/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CHANDLER, WARREN L  
Address: 116 N COVE DR  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S ( ) Delete  
Name: DAVALT, PATRICIA B  
Address: 807 LOMAX ST  
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete  
Name: HERED, ROBERT W M.D.  
Address: 8007 CHILDREN'S WAY  
City-St-Zip: JACKSONVILLE, FL 32207

Title: C ( ) Delete  
Name: MCGEE, TERENCE M MD  
Address: 2963 OAK ST  
City-St-Zip: JACKSONVILLE, FL 32204

Title: T (X) Delete  
Name: GIBSON, ROGER G  
Address: 751 OAK ST  
City-St-Zip: JACKSONVILLE, FL 32204

Title: D (X) Delete  
Name: MATTOX, SUSAN F  
Address: 1820 BARRS ST STE 546  
City-St-Zip: JACKSONVILLE, FL 32204

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition  
Name: MCGEE, TERENCE M M.D.  
Address: 2963 OAK STREET  
City-St-Zip: JACKSONVILLE, FL 32204

Title: T (X) Change ( ) Addition  
Name: GIBSON, ROGER G  
Address: 751 OAK STREET  
City-St-Zip: JACKSONVILLE, FL 32204

Title: S (X) Change ( ) Addition  
Name: DAVALT, PATRICIA B  
Address: 807 LOMAX STREET  
City-St-Zip: JACKSONVILLE, FL 32204

Title: D (X) Change ( ) Addition  
Name: HERED, ROBERT W M.D.  
Address: 807 CHIDLREN'S WAY  
City-St-Zip: JACKSONVILLE, FL 32207

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERENCE M. MCGEE, M.D.

C

01/12/2009

Electronic Signature of Signing Officer or Director

Date