

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000006169 (4)

1. Corporation Name  
VISION ACADEMY INC.



Principal Place of Business Mailing Address  
1454 RIBALT SCENIC DRIVE JACKSONVILLE FL 32208  
1454 RIBALT SCENIC DRIVE JACKSONVILLE FL 32208-3111

3. Date Incorporated or Qualified 12/02/1996  
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

23 City & State 28 City & State

24 Zip Country 29 Zip Country 30

4. FEI Number 59-3428624  
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAYLOR-BUTLER, IRIS  
1454 RIBALT SCENIC DRIVE  
JACKSONVILLE FL 32208

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	TAYLOR-BUTLER, IRIS	
STREET ADDRESS	1454 RIBALT SCENIC DRIVE	
CITY - ST - ZIP	JACKSONVILLE FL 32208	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HINTON, GREGORY	
1.3 STREET ADDRESS	1454 RIBALT SCENIC DR	
1.4 CITY - ST - ZIP	JACKSONVILLE FL 32208	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BLOUNT, Robert E.	
2.3 STREET ADDRESS	5414 HARDEN AVE.	
2.4 CITY - ST - ZIP	ORANGE PARK FL 32065	
3.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MCDUFFIE, CORNELL	
3.3 STREET ADDRESS	5825 JFK DR N	
3.4 CITY - ST - ZIP	JACKSONVILLE FL 32219	
4.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FLAX, ALLISON C.	
4.3 STREET ADDRESS	5959 FT. CAROLINE RD Apt 1408	
4.4 CITY - ST - ZIP	JACKSONVILLE FL 32277	
5.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LYONS, LENNIE W.	
5.3 STREET ADDRESS	803 SOUTH MCDUFF AVENUE	
5.4 CITY - ST - ZIP	JACKSONVILLE FL 32205	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, upon an attachment with an address.

SIGNATURE: *Cornell McDuffie* CORNELL MCDUFFIE May 1, 1997 (04) 766-7264

CR2E037 (9/96)