

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000011300

FILED
Apr 30, 2013
Secretary of State
CC4501118616

Entity Name: VISION FOR EXCELLENCE, INC.

Current Principal Place of Business:

407 NORTH LAURA STREET
JACKSONVILLE, FL 32202

Current Mailing Address:

407 NORTH LAURA STREET
JACKSONVILLE, FL 32202 US

FEI Number: 45-4299387

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHIRK, MATTHEW A
407 NORTH LAURA STREET
JACKSONVILLE, FL 32202 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name KELLY, ALTON
Address 407 NORTH LAURA STREET
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR, COO
Name ANDERSON, KENDALL
Address 407 NORTH LAURA STREET
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name SHIRK, MATTHEW A
Address 407 NORTH LAURA STREET
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name BRISBANE, DWIGHT
Address 407 NORTH LAURA STREET
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name HAZOURI, TOMMY
Address 407 NORTH LAURA STREET
City-State-Zip: JACKSONVILLE FL 32202

Title CHAIRMAN
Name BEDRAN, KYLE A
Address 407 NORTH LAURA STREET
City-State-Zip: JACKSONVILLE FL 32202

Title CFO
Name SCHOETTLER, KATIE K
Address 407 NORTH LAURA STREET
City-State-Zip: JACKSONVILLE FL 32202

Title PROGRAM DIRECTOR
Name TYSON, TOMMIE
Address 407 NORTH LAURA STREET
City-State-Zip: JACKSONVILLE FL 32202

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I hereby 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 all other like empowered.

SIGNATURE: KYLE BEDRAN

CHAIRMAN

04/30/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PROGRAM DIRECTOR
Name DENIS, SANCHEZ
Address 407 NORTH LAURA STREET
City-State-Zip: JACKSONVILLE FL 32202

Title PROGRAM SPECIALIST
Name WILKINSON, HUGH
Address 407 NORTH LAURA STREET
City-State-Zip: JACKSONVILLE FL 32202