

**2015 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N11000011300

**Entity Name:** VISION FOR EXCELLENCE, INC.

**Current Principal Place of Business:**

221 NORTH HOGAN STREET  
530  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

221 NORTH HOGAN STREET  
530  
JACKSONVILLE, FL 32202 US

**FEI Number:** 45-4299387

**Certificate of Status Desired:** Yes

**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:** MATTHEW A. SHIRK

02/18/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, COO  
Name ANDERSON, KENDALL  
Address 221 NORTH HOGAN STREET  
530  
City-State-Zip: JACKSONVILLE FL 32202

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

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

Title DIRECTOR  
Name FREDERICKS, FELECIA  
Address 221 NORTH HOGAN STREET  
530  
City-State-Zip: JACKSONVILLE FL 32202

*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:** KENDALL K. ANDERSON

DIRECTOR

02/18/2015

Electronic Signature of Signing Officer/Director Detail

Date