

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733370

FILED  
Jan 10, 2009  
Secretary of State

**Entity Name:** VISUAL AID VOLUNTEERS OF FLORIDA, INC.

**Current Principal Place of Business:**

FIMC  
4210 W. BAY VILLA AVE.  
TAMPA, FL 33611

**New Principal Place of Business:**

**Current Mailing Address:**

VAVF INC  
6425 STREAMPORT DR.  
ORLANDO, FL 32822

**New Mailing Address:**

**FEI Number:** 59-1626520      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JENSEN, ARLENE D  
6425 STREAMPORT DR.  
ORLANDO, FL 32822      US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PRES      ( ) Delete  
Name: GRAY, PAT  
Address: 3344 SANCTUARY BLVD.  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: VP      ( ) Delete  
Name: BURRIS, EVA  
Address: 3511 HIDDEN LAKE DR.  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: SD      ( ) Delete  
Name: TAYLOR, LYNNETTE  
Address: 1423 MARLEE RD.  
City-St-Zip: SWITZERLAND, FL 32259 US

Title: T      ( ) Delete  
Name: JENSEN, ARLENE D  
Address: 6425 STREAMPORT DR.  
City-St-Zip: ORLANDO, FL 32822

Title: D      ( ) Delete  
Name: COLEMAN, SUSIE  
Address: 1826 BARTRAM CIRCLE W.  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D      ( ) Delete  
Name: PETTERSEN, LEON  
Address: PO BOX 1061  
City-St-Zip: LIVE OAK, FL 32064

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: ARLENE D. JENSEN

T

01/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date