

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733370

FILED
Jan 07, 2011
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
Name: PETTERSEN, LEON
Address: PO BOX 1061
City-St-Zip: LIVE OAK, FL 32064 US

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

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

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

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

Title: D
Name: GRAY, PAT
Address: 3344 SANCTUARY BLVD
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: ARLENE D. JENSEN

T

01/07/2011

Electronic Signature of Signing Officer or Director

Date