

FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

96 FEB -7 PM 2: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **739377** (0)
1. Corporation Name
VISION FOUNDATION, INC.

Principal Place of Business P O BOX 2430 CLEVELAND TN 37320-9430	Mailing Address P O BOX 2430 CLEVELAND TN 37320-9430
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/23/1977	3a. Date of Last Report 05/01/1995
				4. FEI Number 59-1766029	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 1500 EDWARD BALL BLDG. 100 CHOPIN PLAZA MIAMI FL 33131				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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 617.0603, Florida Statutes.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: 

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TAYLOR, AL			1.2 NAME			
STREET ADDRESS	2490 KEITH ST NW			1.3 STREET ADDRESS			
CITY-ST-ZIP	CLEVELAND TN			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HILDRETH, WILL			2.2 NAME			
STREET ADDRESS	P. BOX 63			2.3 STREET ADDRESS			
CITY-ST-ZIP	LENOIR CITY TN			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOLF, RAYMOND C.			3.2 NAME			
STREET ADDRESS	817 EXPRESSVIEW DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	MANSFIELD OH			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MEDLIN, ROGER			4.2 NAME			
STREET ADDRESS	RT 1 BOX 247			4.3 STREET ADDRESS			
CITY-ST-ZIP	CARUTHERSVILLE FL			4.4 CITY-ST-ZIP			
TITLE	CHM	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WINTERS, DANIEL E.			5.2 NAME			
STREET ADDRESS	1319 MIRROR TERRACE			5.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEWSEY, P.E.			6.2 NAME			
STREET ADDRESS	P.O. BOX 147 NA			6.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WACEAMAN NC			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96 423 478 7179
Date Daytime Phone #

CR2E037 (12/95)