

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 30 1997 8:00am
Secretary of State

DOCUMENT # 739377 (0)

1. Corporation Name

VISION FOUNDATION, INC.

Principal Place of Business

Mailing Address

P O BOX 2430
CLEVELAND TN 37320-9430

P O BOX 2430
CLEVELAND TN 37320-9430



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/23/1977	3a. Date of Last Report 02/07/1996
4. FEI Number 59-1766029	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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
FL 85 Zip Code

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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD TAYLOR, AL	1.1 TITLE	
NAME	2490 KEITH ST NW	1.2 NAME	
STREET ADDRESS	CLEVELAND TN	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VD HILDRETH, WILL	2.1 TITLE	
NAME	P. . BOX 63	2.2 NAME	
STREET ADDRESS	LENOIR CITY TN	2.3 STREET ADDRESS	1031 Hwy 321 N
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	SD WOLF, RAYMOND C.	3.1 TITLE	
NAME	817 EXPRESSVIEW DR	3.2 NAME	
STREET ADDRESS	MANSFIELD OH	3.3 STREET ADDRESS	1469 Troy Dr
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	TD MEDLIN, ROGER	4.1 TITLE	
NAME	RT 1 BOX 247	4.2 NAME	N/A
STREET ADDRESS	CARUTHERSVILLE FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	CHM WINTERS, DANIEL E.	5.1 TITLE	
NAME	1319 MIRROR TERRACE	5.2 NAME	
STREET ADDRESS	WINTER HAVEN FL	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D DEWSEY, P.E.	6.1 TITLE	
NAME	P.O. BOX 147 NA	6.2 NAME	N/A
STREET ADDRESS	LAKE WACEAMAN NC	6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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

SIGNATURE SIGNATURE REQUIRED TAYLOR 7/31/97

CR2E037 (4/97)