

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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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3. Date Incorporated or Qualified

06/23/1977

4. FEI Number

59-1766029

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION COMPANY OF MIAMI
1500 EDWARD BALL BLDG.
100 CHOPIN PLAZA
MIAMI FL 33131**

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	<input type="checkbox"/> DELETE
NAME	TAYLOR, AL	
STREET ADDRESS	2490 KEITH ST NW	
CITY-ST-ZIP	CLEVELAND TN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HILDRETH, WILL	
STREET ADDRESS	1031 HWY 321 N	
CITY-ST-ZIP	LENOIR CITY TN	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WOLF, RAYMOND C.	
STREET ADDRESS	1469 TROY DR	
CITY-ST-ZIP	MANSFIELD OH	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MEDLIN, ROGER	
STREET ADDRESS	RT 1 BOX 247 N/A	
CITY-ST-ZIP	CARUTHERSVILLE FL	
TITLE	CHM	<input type="checkbox"/> DELETE
NAME	WINTERS, DANIEL E.	
STREET ADDRESS	1319 MIRROR TERRACE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEWSEY, P.E.	
STREET ADDRESS	P.O BOX 147 N/A	
CITY-ST-ZIP	LAKE WACEAMAN NC	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

2/17/98

423 479 508

CFR2037 (10/97)