


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90060 044 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 739377</b>					
1. Corporation Name <b>VISION FOUNDATION, INC.</b>					
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		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/23/1977	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1766029	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

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			
				85 Zip Code			
				FL			

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		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 checked="" type="checkbox"/> DELETE		2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HILDRETH, WILL			2.2 NAME	P. E. Dawsey		
STREET ADDRESS	1031 HWY 321 N			2.3 STREET ADDRESS	P. O. Box 147		
CITY-ST-ZIP	LENOIR CITY TN			2.4 CITY-ST-ZIP	Lake Waccamaw, NC 28450		
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	1469 TROY DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	MANSFIELD OH			3.4 CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MEDLIN, ROGER			4.2 NAME	H. Bernard Dixon		
STREET ADDRESS	RT 1 BOX 247 N/A			4.3 STREET ADDRESS	3545 Edgewood Circle, NW		
CITY-ST-ZIP	CARUTHERSVILLE FL			4.4 CITY-ST-ZIP	Cleveland, TN 37311		
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 checked="" type="checkbox"/> DELETE		6.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEWSEY, P.E.			6.2 NAME	Don Medlin		
STREET ADDRESS	P.O BOX 147 N/A			6.3 STREET ADDRESS	Route 1		
CITY-ST-ZIP	LAKE WACEAMAN NC			6.4 CITY-ST-ZIP	Caruthersville, MO 63830		

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99 4234787179

Date

Daytime Phone #

CR2E037 (11/98)