

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739377

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1766029

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME TAYLOR, AL
STREET ADDRESS 2490 KEITH ST NW
CITY-ST-ZIP CLEVELAND TN ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME DAWSEY, P.E.
STREET ADDRESS P.O. BOX 147
CITY-ST-ZIP LAKE WACCAMAN NC 28450 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME WOLF, RAYMOND C.
STREET ADDRESS 1469 TROY DR
CITY-ST-ZIP MANSFIELD OH ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME DIXON, BERNARD H
STREET ADDRESS 3545 EDGEWOOD CIRCLE, NW
CITY-ST-ZIP CLEVELAND TN 37311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE CHM
NAME WINTERS, DANIEL E.
STREET ADDRESS 1319 MIRROR TERRACE
CITY-ST-ZIP WINTER HAVEN FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MEDLIN, DON
STREET ADDRESS ROUTE 1
CITY-ST-ZIP CARUTHERSVILLE MO 63830 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/01

Date

423 478 7179

Daytime Phone #

CR2E037 (10/00)

0086144

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90010 020 *****61.25

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DO NOT WRITE IN THIS SPACE