

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90022 035 ****61.25

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

40031263



02222007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MEDLIN, ROGER
ROUTE 1 BOX 247
CARUTHERSVILLE, MO 63830

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
AL Taylor
435 26th St. NW
CLEVELAND, TN 37314

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

2/22/07

Date

4787179

Daytime Phone #