

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004221

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: VISION360 NFP CORPORATION

## Current Principal Place of Business:

2002 S. ARLINGTON HEIGHTS ROAD  
ARLINGTON HEIGHTS, IL 60005

## New Principal Place of Business:

## Current Mailing Address:

100 LAKE HART DRIVE  
MAIL CODE 1300  
ORLANDO, FL 32832

## New Mailing Address:

FEI Number: 11-3729455

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOHNSON, STEVE E  
2764 KISSIMMEE BAY CIRCLE  
KISSIMMEE, FL 34744 US

## Name and Address of New Registered Agent:

JOHNSON, STEVE E  
11155 BUGENHAGEN DRIVE  
ORLANDO, FL 32832 US

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:

01/19/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: ED ( ) Delete  
Name: JOHNSON, STEPHEN  
Address: 2764 KISSIMMEE BAY CIRCLE  
City-St-Zip: KISSIMMEE, FL 34744

Title: S ( ) Delete  
Name: JOHNSON, LYNNE  
Address: 2764 KISSIMMEE BAY CIRCLE  
City-St-Zip: KISSIMMEE, FL 34744

Title: T ( ) Delete  
Name: SCHULTZ, STEVEN CFO  
Address: 2002 SOUTH ARLINGTON HEIGHTS RD.  
City-St-Zip: ARLINGTON HEIGHTS, IL 60005

Title: C ( ) Delete  
Name: WEISS, AL  
Address: 1505 SUNSET POINTE PLACE  
City-St-Zip: KISSIMMEE, FL 34744

Title: VC ( ) Delete  
Name: JOHNSON, PAUL  
Address: 18505 39TH AVE. N.  
City-St-Zip: PLYMOUTH, MN 55446

Title: D ( ) Delete  
Name: HEINSCH, GREGG  
Address: 7143 LAKE CARLISLE BLVD  
City-St-Zip: ORLANDO, FL 32829

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change ( ) Addition  
Name: JOHNSON, STEPHEN  
Address: 11155 BUGENHAGEN DRIVE  
City-St-Zip: ORLANDO, FL 32832

Title: S (X) Change ( ) Addition  
Name: JOHNSON, LYNNE  
Address: 11155 BUGENHAGEN DRIVE  
City-St-Zip: ORLANDO, FL 32832

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNNE JOHNSON

S

01/19/2009

Electronic Signature of Signing Officer or Director

Date