

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 03, 2004
Secretary of State**

DOCUMENT# N00000005387

Entity Name: VISION EDUCATIONAL LEARNING CENTER AND SCHOOL FOR THE PERFORMINGARTS INC.

Current Principal Place of Business:

503 W CENTRAL BLVD.
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

503 W. CENTRAL BLVD.
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: 59-3671302 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COSSOM, DENISE M
4928 PINE CLUSTER LANE
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

COSSOM, DENISE M
360 COVENTRY ESTATES BLVD.
DELTONA, FL 32725 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: _____ 05/03/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: COSSOM, DENISE M P/D
Address: 4928 PINE CLUSTER LANE
City-St-Zip: ORLANDO, FL 32808 US

Title: P/D () Delete
Name: ARRINGTON, KYNTHIA H P/D
Address: 4502 EVERS PLACE
City-St-Zip: ORLANDO, FL 32811 US

Title: SD () Delete
Name: FULLER, LATARSHA
Address: 4419 MARTINS WAY APT E
City-St-Zip: ORLANDO, FL 32808

Title: BM () Delete
Name: COLLER, BRIAN
Address: 3122 CALLOWAY STREET
City-St-Zip: ORLANDO, FL 32810

Title: D () Delete
Name: HOOVER, YAP D
Address: 7130 S. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32805 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DENISE M. COSSOM P/D 05/03/2004
Electronic Signature of Signing Officer or Director Date