

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006
Secretary of State

DOCUMENT# N00000005387

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

Current Principal Place of Business:

19 NORTH WESTMORELAND DRIVE
ORLANDO, FL 32805 US

New Principal Place of Business:

Current Mailing Address:

19 NORTH WESTMORELAND DRIVE
ORLANDO, FL 32805 US

New Mailing Address:

FEI Number: 59-3671302 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: COSSOM, DENISE M P/D
Address: 360 COVENTRY ESTATES BLVD.
City-St-Zip: DELTONA, FL 32725 US

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

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

Title: VP/D (X) Change () Addition
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

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

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 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: DENISE COSSOM

P/D

05/02/2006

Electronic Signature of Signing Officer or Director

_____ Date