

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000005311

FILED
Nov 02, 2004
Secretary of State**Entity Name:** THE VISIONAIRES, INC.**Current Principal Place of Business:**3531 N.W. 41ST TERRACE
GAINESVILLE, FL 32605 US**New Principal Place of Business:**2419 N.E. 8TH AVENUE
GAINESVILLE, FL 32641 US**Current Mailing Address:**3531 N.W. 41ST TERRACE
GAINESVILLE, FL 32605 US**New Mailing Address:**POST OFFICE BOX 2683
GAINESVILLE, FL 32602 US**FEI Number:** **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
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:**MILES HAMILTON, JUANITA
2419 N.E. 8TH AVENUE
GAINESVILLE, FL 32641 US**Name and Address of New Registered Agent:**

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:**Title:** P () Delete
Name: CAMPBELL, GUSSIE
Address: 3531 NW 41ST TERRACE
City-St-Zip: GAINESVILLE, FL 32605 US**Title:** VP () Delete
Name: JOHNSON, LUELLA M
Address: 5618 SW 104TH TERRACE
City-St-Zip: GAINESVILLE, FL 32608 US**Title:** SECT () Delete
Name: FOREMAN, ANN
Address: 1616 NW 21ST STREET
City-St-Zip: GAINESVILLE, FL 32605 US**Title:** D () Delete
Name: RAWLS, YVONNE C
Address: 5808 SW 49TH STREET
City-St-Zip: GAINESVILLE, FL 32608 US**Title:** D () Delete
Name: MICKLE, CATHERINE
Address: 1635 SE 14TH AVENUE
City-St-Zip: GAINESVILLE,, FL 32641 US**Title:** D () Delete
Name: MILES HAMILTON, JUANITA
Address: 2419 NE 8TH AVENUE
City-St-Zip: GAINESVILLE, FL 32641 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:** D (X) Change () Addition
Name: MOORE CHESTNUT, CYNTHIA
Address: 911 N.E. BLVD
City-St-Zip: GAINESVILLE,, FL 32601 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 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: JUANITA MILES HAMILTON

D

11/02/2004

Electronic Signature of Signing Officer or Director

Date