

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90175 017 *****70.00

DOCUMENT # N03000005311

1. Entity Name
THE VISIONAIRES, INC.



Principal Place of Business
**2419 N.E. 8TH AVENUE
GAINESVILLE, FL 32641 US**

Mailing Address
**POST OFFICE BOX 2683
GAINESVILLE, FL 32602 US**

30047867



04292005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MILES HAMILTON, JUANITA
2419 N.E. 8TH AVENUE
GAINESVILLE, FL 32641**

**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 *Juanita Miles Hamilton* 4/28/05
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, 2005**

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	P CAMPBELL, GUSSIE 3531 NW 41ST TERRACE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, LUELLA M 5618 SW 104TH TERRACE GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT FOREMAN, ANN 1616 NW 21ST STREET GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAWLS, YVONNE C 5808 SW 49TH STREET GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE CHESTNUT, CYNTHIA 911 N.E. BLVD GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILES HAMILTON, JUANITA 2419 NE 8TH AVENUE GAINESVILLE, FL 32641

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Juanita Miles Hamilton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05 352.6502
Date Daytime Phone #