2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: THE VISIONAIRES, INC.

Current Principal Place of Business:

5808 SW 49TH STREET
GAINESVILLE, FL 32608 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 140522
GAINESVILLE, FL 32614 US

New Mailing Address:

FEI Number: 20-4916329 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAWLS, YVONNE C MRS.
5808 SW 49TH STREET
GAINESVILLE, FL 32608 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
Name: LOVINGS-MORSE, REGINA MRS.
Address: 5737 NW 43RD ROAD
City-St-Zip: GAINESVILLE, FL 32606 US

Title: VP
Name: WILLIAMS, EULA L MS
Address: POST OFFICE BOX 5126
City-St-Zip: GAINESVILLE, FL 32627 US

Title: SECT
Name: SMITH, KAREN C MRS
Address: 7705 NW 53RD WAY
City-St-Zip: GAINESVILLE, FL 32653 US

Title: T
Name: RAWLS, YVONNE C MRS
Address: 5808 SW 49TH STREET
City-St-Zip: GAINESVILLE, FL 32608 US

Title: R/S
Name: KING, JANET MRS
Address: 2418 NW 63RD TERRACE
City-St-Zip: GAINESVILLE,, FL 32606 US

Title: D
Name: BATTS, CYNTHIA N
Address: 7824 NW 53RD WAY
City-St-Zip: GAINESVILLE, FL 32653 US

I hereby 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 all other like empowered.

SIGNATURE: YVONNE C. RAWLS T 04/08/2012

Electronic Signature of Signing Officer or Director Date