

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

DOCUMENT # N03000009533

1. Entity Name

BABSON PARK VISIONING GROUP, INC.



05-05-2004 90476 001 ****61.25
05-05-2004 90476 002 *****8.75

Principal Place of Business

1430 N CROOKED LAKE DR
BABSON PARK FL 33827

Mailing Address

PO BOX 1
BABSON PARK FL 33827

66419065



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Same

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHOTMAN, THOMAS
1430 N CROOKED LAKE DR
BABSON PARK FL 33827

7. Name and Address of New Registered Agent

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Thomas Schotman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: President (P) ☐ Delete
NAME: Thomas D. Schotman DVM
STREET ADDRESS: 1430 N. Crooked Lake Dr.
CITY-ST-ZIP: Babson Park FL 33827

TITLE: Vice President (V) ☐ Delete
NAME: Deming Cowles
STREET ADDRESS: 31 Oak Street
CITY-ST-ZIP: Babson Park FL 33827

TITLE: Secretary (S) ☐ Delete
NAME: Mary Morrison
STREET ADDRESS: 1351 Hollister Road
CITY-ST-ZIP: Babson Park FL 33827

TITLE: Treasurer (T) ☐ Delete
NAME: Martha Krohn
STREET ADDRESS: 855 Main Rd
CITY-ST-ZIP: Babson Park FL 33827

TITLE: (D) ☐ Delete
NAME: Ken Morrison
STREET ADDRESS: 1351 Hollister Road
CITY-ST-ZIP: Babson Park FL 33827

TITLE: (D) ☐ Delete
NAME: Patty McKeeman
STREET ADDRESS: P.O. Box 287
CITY-ST-ZIP: Babson Park FL 33827

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: (D) Barbara Gordon ☐ Change ☐ Addition
NAME: Barbara Gordon
STREET ADDRESS: P.O. Box 739
CITY-ST-ZIP: Babson Park FL 33827

TITLE: (D) Clyde Funk ☐ Change ☐ Addition
NAME: Clyde Funk
STREET ADDRESS: P.O. Box 858
CITY-ST-ZIP: Babson Park FL 33827

TITLE: (D) Roger Bergere ☐ Change ☐ Addition
NAME: Roger Bergere
STREET ADDRESS: 60 Catherine Avenue
CITY-ST-ZIP: Babson Park FL 33827

TITLE: (D) Ken Welch ☐ Change ☐ Addition
NAME: Ken Welch
STREET ADDRESS: P.O. Box 516
CITY-ST-ZIP: Babson Park FL 33827

TITLE: (D) Harold Morrison ☐ Change ☐ Addition
NAME: Harold Morrison
STREET ADDRESS: 1256 Seminole Road
CITY-ST-ZIP: Babson Park FL 33827

TITLE: (D) Jim Bell ☐ Change ☐ Addition
NAME: Jim Bell
STREET ADDRESS: 905 N. Crooked Lake Dr.
CITY-ST-ZIP: Babson Park FL 33827

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Schotman

4/30/04 863 676 1451

Date

Daytime Phone #