2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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1. Entity Name
BABSON PARK VISIONING GROUP, INC.

Principal Place of Business	Mailing Address
1430 N CROOKED LAKE DR BABSON PARK, FL 33827	PO BOX 1 BABSON PARK, FL 33827

04272005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number APPLIED FOR ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHOTMAN, THOMAS 1430 N CROOKED LAKE DR BABSON PARK, FL 33827	Name 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHOTMAN, THOMAS D DVM 1430 N CROOKED LAKE DR BABSON PARK, FL 33827	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V COWLES, DEMING 31 OAK STREET BABSON PARK, FL 33827	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MORRISON, MARY 1351 HOLLISTAR RD BABSON PARK, FL 33827	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KROHN, MARTHA 855 MANN RD BABSON PARK, FL 33827	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRISON, KEN 1351 HOLLISTER RD BABSON PARK, FL 33827	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCKEEMAN, PATTY PO BOX 287 BABSON PARK, FL 33827	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Thomas D Schotman 4/27/05 863676 1451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT #N0300000995333

Form **SS-4** (Rev. December 2001)
Department of the Treasury Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN 52-2405808

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
Babson Park Visioning Group, Inc.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name
Thomas Schotman

4a Mailing address (room, apt., suite no. and street, or P.O. box)
P.O. Box 1

5a Street address (if different) (Do not enter a P.O. box.)
1430 North Crooked Lake Drive

4b City, state, and ZIP code
Babson Park, Florida 33827

5b City, state, and ZIP code
Babson Park, Florida 33827

6 County and state where principal business is located
Polk County, Florida

7a Name of principal officer, general partner, grantor, owner, or trustor
Thomas Schotman

7b SSN, ITIN, or EIN
261-08-4341

8a Type of entity (check only one box)

- [ ] Sole proprietor (SSN) ____
- [ ] Partnership
- [ ] Corporation (enter form number to be filed) ▶ ____
- [ ] Personal service corp.
- [ ] Church or church-controlled organization
- [X] Other nonprofit organization (specify) ▶ Civic Affairs Group
- [ ] Other (specify) ▶
- [ ] Estate (SSN of decedent) ____
- [ ] Plan administrator (SSN) ____
- [ ] Trust (SSN of grantor) ____
- [ ] National Guard
- [ ] Farmers' cooperative
- [ ] REMIC
- [ ] State/local government
- [ ] Federal government/military
- [ ] Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶ ____

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: Florida — Foreign country:

9 Reason for applying (check only one box)

- [ ] Started new business (specify type) ▶ ____
- [ ] Hired employees (Check the box and see line 12.)
- [ ] Compliance with IRS withholding regulations
- [ ] Other (specify) ▶
- [ ] Banking purpose (specify purpose) ▶ ____
- [ ] Changed type of organization (specify new type) ▶ ____
- [ ] Purchased going business
- [ ] Created a trust (specify type) ▶ ____
- [ ] Created a pension plan (specify type) ▶ ____

10 Date business started or acquired (month, day, year)
October 1, 2003

11 Closing month of accounting year
December

12 First date wages or annuities were paid or will be paid (month, day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter "-0-"* ▶ Agricultural: ____ Household: ____ Other: ____

14 Check one box that best describes the principal activity of your business.

- [ ] Construction
- [ ] Rental & leasing
- [ ] Transportation & warehousing
- [ ] Health care & social assistance
- [ ] Accommodation & food service
- [ ] Wholesale-agent/broker
- [ ] Wholesale-other
- [ ] Retail
- [ ] Real estate
- [ ] Manufacturing
- [ ] Finance & insurance
- [X] Other (specify) Civic Affairs Group

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
Education, Discussion, Consultation with Government, coordination

16a Has the applicant ever applied for an employer identification number for this or any other business? [ ] Yes [X] No
Note: *If "Yes," please complete lines 16b and 16c.*

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) | City and state where filed | Previous EIN

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name: Alex Wheeler
Designee's telephone number (include area code): (863)676-7981
Address and ZIP code: P.O. Box 990 Lake Wales, Florida 33853
Designee's fax number (include area code):

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ Thomas B. Schotman, Director
Applicant's telephone number (include area code):

Signature ▶ [signature] Date ▶ 10/23/03
Applicant's fax number (include area code):