2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 02, 2005 8:00 am
Secretary of State

05-02-2005 90429 017 ****70.00

DOCUMENT # N03000009533

1. Entity Name
BABSON PARK VISIONING GROUP, INC.

Principal Place of Business
1430 N CROOKED LAKE DR
BABSON PARK, FL 33827

Mailing Address
PO BOX 1
BABSON PARK, FL 33827

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

04272005 Chg-NP CR2E037 (10/03)

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

7. Name and Address of New Registered Agent
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
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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	SCMOTMAN, THOMAS D DVM	
STREET ADDRESS	1430 N CROOKED LAKE DR	
CITY-ST-ZIP	BABSON PARK, FL 33827	
TITLE	V	☐ Delete
NAME	COWLES, DEMING	
STREET ADDRESS	31 OAK STREET	
CITY-ST-ZIP	BABSON PARK, FL 33827	
TITLE	S	☐ Delete
NAME	MORRISON, MARY	
STREET ADDRESS	1351 HOLLISTAR RD	
CITY-ST-ZIP	BABSON PARK, FL 33827	
TITLE	T	☐ Delete
NAME	KROHN, MARTHA	
STREET ADDRESS	855 MANN RD	
CITY-ST-ZIP	BABSON PARK, FL 33827	
TITLE	D	☐ Delete
NAME	MORRISON, KEN	
STREET ADDRESS	1351 HOLLISTER RD	
CITY-ST-ZIP	BABSON PARK, FL 33827	
TITLE	D	☐ Delete
NAME	MCKEEMAN, PATTY	
STREET ADDRESS	PO BOX 287	
CITY-ST-ZIP	BABSON PARK, FL 33827	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 4/27/05 863 676 1451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT #N03000099533

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
- [ ] Wholesale-agent/broker
- [ ] Real estate
- [ ] Manufacturing
- [ ] Finance & insurance
- [ ] Accommodation & food service
- [ ] Wholesale-other
- [ ] Retail
- [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 ▶ Date ▶ 10/13/03

Applicant's fax number (include area code):

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.