

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009533

FILED
Mar 25, 2009
Secretary of State

Entity Name: BABSON PARK VISIONING GROUP, INC.

Current Principal Place of Business:

361 LAKE AVENUE
BABSON PARK, FL 33827

New Principal Place of Business:

725 RAINBOW BLVD.
BABSON PARK, FL 33827

Current Mailing Address:

PO BOX 1
BABSON PARK, FL 33827

New Mailing Address:

FEI Number: 52-2405808 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELBORN, SUSAN L
361 LAKE AVENUE
BABSON PARK, FL 33827 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: PRES () Delete
Name: WELBORN, SUSAN
Address: 361 LAKE AVENUE
City-St-Zip: BABSON PARK, FL 33827

Title: V () Delete
Name: COWLES, DEMING
Address: 31 OAK STREET
City-St-Zip: BABSON PARK, FL 33827

Title: S () Delete
Name: MORRISON, MARY
Address: 1351 HOLLISTAR RD
City-St-Zip: BABSON PARK, FL 33827

Title: T () Delete
Name: KROHN, MARTHA
Address: 855 MANN RD
City-St-Zip: BABSON PARK, FL 33827

Title: D () Delete
Name: RICHARDS, GARY
Address: 361 NORTH CROOKED LAKE DRIVE
City-St-Zip: BABSON PARK, FL 33827

Title: D () Delete
Name: MCKEEMAN, PATTY
Address: PO BOX 287
City-St-Zip: BABSON PARK, FL 33827

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SUSAN L. WELBORN

PRES

03/25/2009

Electronic Signature of Signing Officer or Director

Date