

08-16-2007 90079 001 ***245.00

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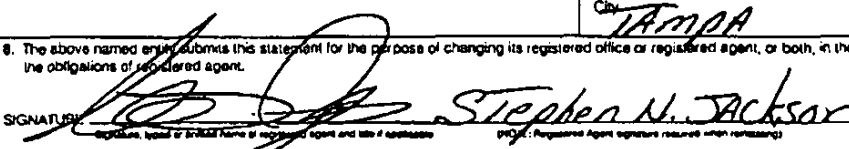
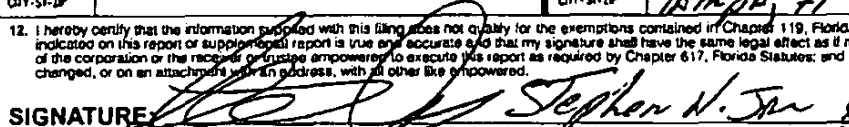
**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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FILED

07 SEP 24 AM 8:14

SCHOOL OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000010613					
1. Entity Name SCHOOL OF VISION EDUCATIONAL & VOCATION TRAINING CENTER, INCORPORATION					
Principal Place of Business 3001 EAST HANNA AVE TAMPA, FL 33610			Mailing Address P.O. BOX 15186 TAMPA, FL 33684		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 41-2118840	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
8. Name and Address of Current Registered Agent JACKSON, STEPHEN M REV. 10745 GLEN ELLEN DRIVE TAMPA, FL 33624				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3001 EAST HANNA Ave City TAMPA FL 33610	
9. 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  Stephen M. Jackson 8/14/07					
Filing Fee is \$61.25 Due by September 14, 2007			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, STEPHEN M REV. PO BOX 15186 TAMPA, FL 33684 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, ELIZABETH A PO BOX 15184 TAMPA, FL 33684 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOLKS, JULIA PO BOX 15186 TAMPA, FL 33684 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARFF, PAUL PO BOX 15186 TAMPA, FL 33684 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Stephanie Jackson 3001 E. HANNA Ave TAMPA, FL 33610 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Stephanie JACKSON 3001 E. HANNA AVE TAMPA, FL 33610 ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Simone Jackson 3001 E. HANNA Ave TAMPA, FL 33610 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Simone Jackson 3001 E. HANNA Ave TAMPA, FL 33610 ☒ Addition	
12. I hereby certify that the information provided with this filing does not qualify for the exemptions contained 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 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  Stephen M. Jan 8/14/07 813-231-2701					

Rejected in Error!!

JC 9/27