

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009390

Entity Name: FEATHERVISIONS, INC.

FILED
Mar 16, 2009
Secretary of State

Current Principal Place of Business:

11140 ORANGE RIVER BLVD
FT MYERS, FL 33905

New Principal Place of Business:

11140 ORANGE RIVER BLVD
FT MYERS, FL 33905 US

Current Mailing Address:

11140 ORANGE RIVER BLVD
FT MYERS, FL 33905

New Mailing Address:

11140 ORANGE RIVER BLVD
FT MYERS, FL 33905 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELOOFF, JUDY
11140 ORANGE RIVER BLVD
FT MYERS, FL 33905 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: DP () Delete
Name: DELOOFF, JUDY
Address: 11140 ORANGE RIVER BLVD
City-St-Zip: FT MYERS, FL 33905

Title: VD () Delete
Name: BAILEY, CARL
Address: 303 BEULL DR
City-St-Zip: E FT MYERS, FL 33905

Title: DST () Delete
Name: BEEMER, JANE
Address: 4934 N GALAXY DR
City-St-Zip: N FT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DELOOFF, JUDY A
Address: 11140 ORANGE RIVER BLVD
City-St-Zip: FT MYERS, FL 33905 US

Title: VD (X) Change () Addition
Name: BAILEY, CARL
Address: 303 BEULL DR
City-St-Zip: E FT MYERS, FL 33905 US

Title: DST (X) Change () Addition
Name: BEEMER, JANE
Address: 4934 N GALAXY DR
City-St-Zip: N FT MYERS, FL 33917 US

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: JUDY A DELOOFF

DP

03/16/2009

Electronic Signature of Signing Officer or Director

Date