2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N05000003551

Entity Name: WALKING IN VISION FAMILY OUTREACH EDUCATIONAL CENTER, INC.

Current Principal Place of Business:

1524 NE 147 STREET
NORTH MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

1524 NE 147 STREET
NORTH MIAMI, FL 33161

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, KEVIN N
18901 NW 11 COURT
MIAMI GARDENS, FL 33169 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: PD ( ) Delete
Name: WILLIAMS, KEVIN N
Address: 18901 NW 11 COURT
City-St-Zip: MIAMI GARDENS, FL 33169

Title: VPD ( ) Delete
Name: WILLIAMS, DENISE P
Address: 18901 NW 11 COURT
City-St-Zip: MIAMI GARDENS, FL 33169

Title: S ( ) Delete
Name: PAULUS, STANLEY
Address: 18901 NW 11 COURT
City-St-Zip: MIAMI GARDENS, FL 33169

Title: TD ( ) Delete
Name: SPRINGER, GLENNA
Address: 17340 NW 12 AVE
City-St-Zip: MIAMI GARDENS, FL 33169

Title: D ( ) Delete
Name: KEYS, GAYNELL
Address: 8530 N SHERMAN CIRCLE A-501
City-St-Zip: MIRAMAR, FL 33025

Title: D ( ) Delete
Name: WILLIAMS, NATHERLY T
Address: 3893 NW 163 ST
City-St-Zip: MIAMI, FL 33054

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: KEVIN N. WILLIAMS PD 04/28/2009
Electronic Signature of Signing Officer or Director — Date