

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000431

FILED
Mar 03, 2009
Secretary of State

Entity Name: VISIONS OF IMAGES, INCORPORATED

Current Principal Place of Business:

4630 SW 26TH STREET
WEST PARK, FL 33023

New Principal Place of Business:

Current Mailing Address:

4630 SW 26TH STREET
WEST PARK, FL 33023

New Mailing Address:

FEI Number: 20-4127858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRUNSON, FELICIA M
4040 SW 27TH STREET
WEST PARK, FL 33023 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: D () Delete
Name: BRUNSON, BARBARA
Address: 4630 SW 26TH STREET
City-St-Zip: WEST PARK, FL 33023

Title: D () Delete
Name: OUTLER, GAYE
Address: 2700 SW 46TH AVE
City-St-Zip: WEST PARK, FL 33023

Title: D () Delete
Name: HARDY, CAROLYN
Address: 4430 SW 18TH STREET
City-St-Zip: WEST PARK, FL 33023

Title: D () Delete
Name: SHULER, PAMELA
Address: 1835 NW 190TH TERRACE
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: BELL, JOHNNY
Address: 5545 MAYO STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: P () Delete
Name: BRUNSON, FELICIA
Address: 4040 SW 27TH STREET
City-St-Zip: WEST PARK, FL 33023

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: FELICIA M. BRUNSON

P

03/03/2009

Electronic Signature of Signing Officer or Director

Date