

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90027 020 ****61.25

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1. Entity Name
VISION SUR LA TORTUE, INC.

Principal Place of Business
4951 BABCOCK ST., SUITE 3
PALM BAY, FL 32920-5

Mailing Address
4951 BABCOCK ST., SUITE 3
PALM BAY, FL 32920-5

40040803



2. Principal Place of Business - No P.O. Box #
4951 Babcock Street NE
Suite, Apt. #, etc. **SUITE 3**

3. Mailing Address
4951 Babcock Street NE
Suite, Apt. #, etc. **SUITE 3**

02222007 Chg-NP CR2E037 (12/06)

City & State
PALM BAY, FL

City & State
PALM BAY, FL

4. FEI Number
412212513

Applied For
Not Applicable

Zip
32905 Country
BREVARD

Zip
32905 Country
BREVARD

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMON, ALFRED L
4951 BABCOCK ST., SUITE 3
PALM BAY, FL 32920-5
32905

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SIMON, ALFRED L	
STREET ADDRESS	4951 BABCOCK ST., SUITE 3	
CITY-ST-ZIP	PALM BAY, FL 329205	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENRY, CARY	
STREET ADDRESS	3833 N. ANDREWS	
CITY-ST-ZIP	OAKLAND, FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T CARMEUS JACOB	
STREET ADDRESS	4951 BABCOCK Street NE	
CITY-ST-ZIP	PALM BAY, FL 32905	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARILYN LUBIN	
STREET ADDRESS	3833 N ANDREWS AVE	
CITY-ST-ZIP	OAKLAND PARK, FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied 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:

SIMON, ALFRED L.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/07
Date

(954) 658-8657
Daytime Phone #