

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010855

FILED
Apr 16, 2009
Secretary of State

Entity Name: VISIONS OF FORT PIERCE, INCORPORATED

Current Principal Place of Business:

311 ORANGE AVE
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3630
FORT PIERCE, FL 34948

New Mailing Address:

311 ORANGE AVE
FORT PIERCE, FL 34950

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GATES,, PHILIP C JR.
415 AVENUE A
SUITE 201
FORT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

GATES,, PHILIP C JR.
313 ORANGE AVENUE
FORT PIERCE, FL 34950 US

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:

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GATES, PHILIP C JR.
Address: 415 AVENUE A SUITE 201
City-St-Zip: FORT PIERCE, FL 34950

Title: VP () Delete
Name: ADAMS, MICHAEL
Address: 25501 ORANGE AVE
City-St-Zip: FORT PIERCE, FL 34945

Title: S/T () Delete
Name: HALLOCK, CATHLEEN M
Address: 7806 DEER PARK AVE
City-St-Zip: FORT PIERCE,, FL 34951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GATES, PHILIP C JR.
Address: 313 ORANGE AVENUE
City-St-Zip: FORT PIERCE, FL 34950

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/T (X) Change () Addition
Name: MAYER, PATTY H
Address: 313 ORANGE AVENUE
City-St-Zip: FORT PIERCE,, FL 34950

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: PHILIP C. GATES, JR.

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date