2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010995

Title:

Name:

Address:

City-St-Zip:

FILED May 02, 2009 Secretary of State

Entity Nan	ne: ENVISION COLLEGE NOW, INC.			
Current Principal Place of Business:		New Principal Plac	ce of Business:	
	OWWOOD ST. , FL 32818			
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
	OWWOOD ST. , FL 32818			
	e with s. 607.193(2)(b), F.S., the corporation did not rec	· · · · · · · · · · · · · · · · · · ·	Certificate of Status Desired ()	
	Address of Current Registered Agent:	Name and Address	s of New Registered Agent:	
7057 WILL	ON, NATASHA OWWOOD ST. 9, FL 32818 US			
The above in the State	named entity submits this statement for the purpo of Florida.	ose of changing its registe	red office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PF () Delete PATTERSON, NATASHA 7057 WILLOWWOOD ST. ORLANDO, FL 32818	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () Delete CUNNINGHAM, DAVID 15045 WILLOW LANE TAVARES, FL 32778	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete CUNNINGHAM, MOLLIE 15045 WILLOW LANE TAVARES, FL 32778	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:				

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: NATASHA PATTERSON PF 05/02/2009

(X) Delete

REYNOLDS, ANGELIQUE M

P.O. BOX 781074

ORLANDO, FL 32878

() Change () Addition