

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006755

FILED
Apr 13, 2009
Secretary of State

Entity Name: ENVISION PERDIDO, INC.

Current Principal Place of Business:

4060 MOONRAKER DRIVE
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

4060 MOONRAKER DRIVE
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 90-0401158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, KELLEY SMITH
4060 MOONRAKER DRIVE
PENSACOLA, FL 32507 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: DP () Delete
Name: DANDRIDGE GARTH, FREDERICK
Address: 7166 SHARP REEF
City-St-Zip: PENSACOLA, FL 32507

Title: DVP () Delete
Name: THOMPSON, KELLEY SMITH
Address: 4060 MOONRAKER DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: DS () Delete
Name: MCLAUGHLIN PYLE, KIMBERLY
Address: 4018 AZURE WAY
City-St-Zip: PENSACOLA, FL 32507

Title: DT () Delete
Name: KROPF, MICHAEL EDWARD
Address: 10099 NELLE AVENUE, UNIT 1103
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: PYLE, TIMOTHY SCOTT
Address: 4018 AZURE WAY
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: CAMPBELL, VICKI HAYNES
Address: 4005 LANDFALL DRIVE
City-St-Zip: PENSACOLA, FL 32507

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: MICHAEL KROPF

DT

04/13/2009

Electronic Signature of Signing Officer or Director

Date