

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000006122

FILED  
Aug 18, 2011  
Secretary of State

**Entity Name:** VISION OF PEARLS FOUNDATION, INC.

**Current Principal Place of Business:**

10414 NORTH HARTTS DRIVE  
TAMPA, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

10414 NORTH HARTTS DRIVE  
TAMPA, FL 33617

**New Mailing Address:**

**FEI Number:** 27-2955734

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLE, KATHY  
309 WEST MARTIN LUTHER KING BLVD  
TAMPA, FL 33603 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:** P  
**Name:** TUBBS-CREWS, SAMANTHA  
**Address:** 10414 NORTH HARTTS DRIVE  
**City-St-Zip:** TAMPA, FL 33617

**Title:** VP  
**Name:** BRIGGS-JOHNSON, BETTY  
**Address:** 6907 POTOMAC CIRCLE  
**City-St-Zip:** RIVERVIEW, FL 33578

**Title:** S  
**Name:** TOWN, PATRICIA  
**Address:** 5809 SEVEN COVES  
**City-St-Zip:** TAMPA, FL 33634

**Title:** T  
**Name:** SMITH, BARBARA  
**Address:** P.O. BOX 4380  
**City-St-Zip:** TAMPA, FL 33677

I hereby 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 all other like empowered.

**SIGNATURE:** SAMANTHA TUBBS-CREWS

P

08/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date