

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 30, 2005
Secretary of State**

DOCUMENT# N22251

Entity Name: VISION COUNCIL, INC.

Current Principal Place of Business:

43 N. KROME AVENUE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

43 N. KROME AVENUE
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 65-0006918 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RICHARDSON, MICHAEL
43 N. KROME AVENUE
HOMESTEAD, FL 33030 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: PD () Delete
Name: RICHARDSON, MIACHAEL E
Address: 43 N. KROME AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: CD () Delete
Name: WEISMAN, JERRY
Address: P O BOX 900400
City-St-Zip: HOMESTEAD, FL 33030

Title: TD () Delete
Name: BLAKE, PETE
Address: 30401 S DIXIE HWY
City-St-Zip: HOMESTEAD, FL 33030

Title: D (X) Delete
Name: WALKER, MARSHALL
Address: 600 N HOMESTEAD BLVD
City-St-Zip: HOMESTEAD, FL 33030

Title: D (X) Delete
Name: WALLACE, MAYOR OTIS
Address: 404 W PALM DR
City-St-Zip: FLORIDA CITY, FL 33034

Title: D (X) Delete
Name: IVY, CURTIS
Address: 790 N HOMESTEAD BLVD
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RICHARDSON, MICHAEL E
Address: 43 N. KROME AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: C (X) Change () Addition
Name: WEISMAN, JERRY
Address: P O BOX 900400
City-St-Zip: HOMESTEAD, FL 33030

Title: T (X) Change () Addition
Name: BLAKE, PETE
Address: 30401 S DIXIE HWY
City-St-Zip: HOMESTEAD, FL 33030

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 for the exemption stated in Section 119.07(3)(i), 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 RICHARDSON

P

06/30/2005

Electronic Signature of Signing Officer or Director

_____ Date