

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

**1995 MAY -1 PM 5:45**

**SECRETARY OF STATE TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**



**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N48702 (7)**  
1. Corporation Name  
**SOCIAL VISIONS INC.**

**500001492145**  
-05/17/95--01153--015  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**807 WARREN AVE COCOA FL 32922** **807 WARREN AVE COCOA FL 32922**

3. Date Incorporated or Qualified **05/01/1992** 3a. Date of Last Report **04/20/1994**  
4. FEI Number **59-3132291** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21. Subt. Apt. #, etc. 26. Subt. Apt. #, etc.  
22. City & State 27. City & State  
23. Zip Country 28. Zip Country  
24. Zip Country 29. Zip Country 30. Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**FERRILL, CAROLE A.**  
**807 WARREN AVE**  
**COCOA FL 32922**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>CARROLL, JACK</b>
STREET ADDRESS	<b>5 S. PALM BAY</b>
CITY-ST-ZIP	<b>ROCKLEDGE FL</b>
TITLE	<b>VD</b>
NAME	<b>STEPHEN, WALLEN</b>
STREET ADDRESS	<b>3034 ST. HELENS WAY</b>
CITY-ST-ZIP	<b>MELBORNE FL</b>
TITLE	<b>S</b>
NAME	<b>BINKLEY, RUTH</b>
STREET ADDRESS	<b>4240 RHONDA CT.</b>
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>
TITLE	<b>TD</b>
NAME	<b>SUSANECK, MORRIS</b>
STREET ADDRESS	<b>540 S. BREVARD AVE., #446</b>
CITY-ST-ZIP	<b>COCOA BEACH FL</b>
TITLE	<b>MCD</b>
NAME	<b>FERRILL, CAROLE A</b>
STREET ADDRESS	<b>807 WARREN AVE.</b>
CITY-ST-ZIP	<b>COCOA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*Handwritten:* 3-1-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carole A. Ferrill* *Carole A. Ferrill* *4/30/95* *(407) 632-7488*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR