

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000003021

1. Entity Name
META VISIONS, INC.



Principal Place of Business
1689-B MAHAN CENTER BLVD
TALLAHASSEE, FL 32308

Mailing Address
1689-B MAHAN CENTER BLVD
TALLAHASSEE, FL 32308



01042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3399292

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEAY, MARY E
2412 WINTHROP RD
TALLAHASSEE, FL 32308

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000784984
01/16/08-80077-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SEAY, MARY E M.D.
STREET ADDRESS	2412 WINTHROP RD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	DV
NAME	KOEPEL, SCOTT R
STREET ADDRESS	1689-B MAHAN CENTER BLVD
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	TD
NAME	BARRIOS, SALLY
STREET ADDRESS	3913 CATES AVE
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	D
NAME	HUTCHESON, CAROL
STREET ADDRESS	573 GOULD RD
CITY-ST-ZIP	QUINCY, FL 32351
TITLE	D
NAME	EVERS, CINDY
STREET ADDRESS	4063 MCCARTHY WAT
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/08