

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003021

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: METAVISIONS, INC.

## Current Principal Place of Business:

1689-B MAHAN CENTER BLVD  
TALLAHASSEE, FL 32308

## New Principal Place of Business:

## Current Mailing Address:

1689-B MAHAN CENTER BLVD  
TALLAHASSEE, FL 32308

## New Mailing Address:

FEI Number: 59-3399292

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SEAY, MARY E  
2412 WINTHROP RD  
TALLAHASSEE, FL 32308 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: SEAY, MARY E M.D.  
Address: 2412 WINTHROP RD  
City-St-Zip: TALLAHASSEE, FL 32308

Title: DV ( ) Delete  
Name: KOEPEL, SCOTT R  
Address: 1689-B MAHAN CENTER BLVD  
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD ( ) Delete  
Name: BARRIOS, SALLY  
Address: 3913 CATES AVE  
City-St-Zip: TALLAHASSEE, FL 32310

Title: D ( ) Delete  
Name: HUTCHESON, CAROL  
Address: 573 GOULD RD  
City-St-Zip: QUINCY, FL 32351

Title: D ( ) Delete  
Name: EVERS, CINDY  
Address: 4063 MCCARTHY WAT  
City-St-Zip: TALLAHASSEE, FL 32309

## 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:

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: SCOTT KOEPEL

VP

01/05/2009

Electronic Signature of Signing Officer or Director

Date