


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # N96000005443 1. Entity Name PARTNERS OF VISIONS, INC.	
--	---

Principal Place of Business 732 PROSPECT AVENUE FT MYERS, FL 33905	Mailing Address 732 PROSPECT AVENUE FT MYERS, FL 33905
--	--

DO NOT WRITE IN THIS SPACE



04262007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3311637	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRIMSLEY, ELDER E
732 PROSPECT AVENUE
FT MYERS, FL 33905**

**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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIMSLEY, ELDER E. 732 PROSPECT AVE. FT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIMSLEY, BRENDA J 732 PROSPECT AVE. FT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, DARLENE 4701 11 LAKESIDE CLUB BLVD. FT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERSON, STANLEY 555 PROSPECT AVE FT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT, EDDIE J 3529 DR. MLK BLVD. FT MYERS, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGGERS, CURTIS 69 SEMINOLE CT FORT MYERS, FL 33905

**DO NOT WRITE
IN THIS SPACE**

UD0000757908
05/23/07-80092-006 61.25

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: Brenda J Grimsley **4/27/07 239-693-5672**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #