

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 16, 2009  
Secretary of State**

DOCUMENT# N96000005443

Entity Name: PARTNERS OF VISIONS, INC.

**Current Principal Place of Business:**

732 PROSPECT AVENUE  
FT MYERS, FL 33905

**New Principal Place of Business:**

**Current Mailing Address:**

732 PROSPECT AVENUE  
FT MYERS, FL 33905

**New Mailing Address:**

FEI Number: 59-3311637      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRIMSLEY, ELDER E  
732 PROSPECT AVENUE  
FT MYERS, FL 33905      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: D      ( ) Delete  
Name: GRIMSLEY, ELDER E  
Address: 732 PROSPECT AVE.  
City-St-Zip: FT MYERS, FL 33905

Title: D      ( ) Delete  
Name: GRIMSLEY, BRENDA J  
Address: 732 PROSPECT AVE.  
City-St-Zip: FT MYERS, FL 33905

Title: D      ( ) Delete  
Name: TURNER, DARLENE  
Address: 4701 11 LAKESIDE CLUB BLVD.  
City-St-Zip: FT MYERS, FL 33905

Title: D      ( ) Delete  
Name: ROBERSON, STANLEY  
Address: 555 PROSPECT AVE  
City-St-Zip: FT MYERS, FL 33905

Title: D      ( ) Delete  
Name: KNIGHT, EDDIE J  
Address: 3529 DR. MLK BLVD.  
City-St-Zip: FT MYERS, FL 33916

Title: D      ( ) Delete  
Name: FIGGERS, CURTIS  
Address: 69 SEMINOLE CT  
City-St-Zip: FORT MYERS, FL 33905

**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:

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: BRENDA GRIMSLEY

D

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date