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FILED

May 15 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000006169 (4)

1. Corporation Name

VISION ACADEMY INC.

Principal Place of Business

1454 RIBALT SCENIC DRIVE
JACKSONVILLE FL 32208

Mailing Address

1454 RIBALT SCENIC DRIVE
JACKSONVILLE FL 32208-31113. Date Incorporated or Qualified
12/02/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3428624

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAYLOR-BUTLER, IRIS
1454 RIBALT SCENIC DRIVE
JACKSONVILLE FL 32208

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETENAME TAYLOR-BUTLER, IRIS
STREET ADDRESS 1454 RIBALT SCENIC DRIVE
CITY - ST - ZIP JACKSONVILLE FL 322081.1 TITLE P/D ☐ Change ☒ Addition1.2 NAME HINTON, GREGORY
1.3 STREET ADDRESS 1454 RIBALT SCENIC DR
1.4 CITY - ST - ZIP JACKSONVILLE FL 32208TITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP2.1 TITLE V/D ☐ Change ☒ Addition2.2 NAME BLOUNT, Robert E.
2.3 STREET ADDRESS 5414 HARDEN AVE.
2.4 CITY - ST - ZIP ORANGE PARK FL 32065TITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP3.1 TITLE T/D ☐ Change ☒ Addition3.2 NAME McDUFFIE, CORNELL
3.3 STREET ADDRESS 5825 JFK DR N
3.4 CITY - ST - ZIP JACKSONVILLE FL 32219TITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP4.1 TITLE S/D ☐ Change ☒ Addition4.2 NAME FLAX, ALLISON C.
4.3 STREET ADDRESS 5459 FT. CAROLINE RD Apt 1408
4.4 CITY - ST - ZIP JACKSONVILLE FL 32277TITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP5.1 TITLE S/D ☐ Change ☒ Addition5.2 NAME LYONS, LENNIE W.
5.3 STREET ADDRESS 803 SOUTH McDUFF AVENUE
5.4 CITY - ST - ZIP JACKSONVILLE FL 32205TITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, upon an attachment with an address.

SIGNATURE:

Cornell McDuffie May 1, 1997 (94) 766-7264

CR2E037 (9/96)