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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000003609

1. Corporation Name

VISION 2000 OF POLK COUNTY, INC.

5 1 3 5 2 8
 513520 - 90024 - 3B

Principal Place of Business

302 HEATHERPOINT DR.
 LAKELAND FL 33809

Mailing Address

P. O. BOX 92221
 LAKELAND FL 33804-2221
 US



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

06/20/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3466684

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOSIK, JACK
 302 HEATHERPOINT DR.
 LAKELAND FL 33809

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 PD DELETE
 NAME KOSIK, JACK
 STREET ADDRESS 302 HEATHERPOINT DR.
 CITY-ST-ZIP LAKELAND FL 33809

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE FVPD DELETE
 NAME SAMMONS, BILL
 STREET ADDRESS 505 BARTOW RD
 CITY-ST-ZIP LAKELAND FL 33801

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE SVPD DELETE
 NAME WENDEL, DICK
 STREET ADDRESS 6325 OAK CT
 CITY-ST-ZIP LAKELAND FL 33813

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE SD DELETE
 NAME STEWART, PAM
 STREET ADDRESS 505 BARTOW RD
 CITY-ST-ZIP LAKELAND FL 33801

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE TD DELETE
 NAME BORDEN, JUDY
 STREET ADDRESS 210 LAKE HOLLINGSWORTH DR APT 808
 CITY-ST-ZIP LAKELAND FL 33803

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Judy Borden SIGNATURE REQUIRED BY A BORDEN

4/30/99

941-858-9165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)