

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000001017 1. Entity Name J H J VISIONS CORPORATION					
Principal Place of Business 2547 EDDIE ROAD TALLAHASSEE FL 32308			Mailing Address 2547 EDDIE ROAD TALLAHASSEE FL 32308		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip			3. Mailing Address Suite, Apt. #, etc. City & State Zip		
4. FEI Number 59-3570036			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 JENKINS, TESSIE JIM JR 2547 EDDIE ROAD TALLAHASSEE FL 32308			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PD	JENKINS, TESSIE J JR.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, TESSIE J JR.	2547 EDDIE ROAD		NAME	
STREET ADDRESS	2547 EDDIE ROAD	TALLAHASSEE FL 32308		STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32308			CITY - ST - ZIP	
TITLE	VD	JEFFERSON, MARY G	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFERSON, MARY G	3345 CRUMP ROAD		NAME	
STREET ADDRESS	3345 CRUMP ROAD	TALLAHASSEE FL 32308		STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32308			CITY - ST - ZIP	
TITLE	PC	WARD, STELLA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, STELLA	2663 OLSON RD		NAME	
STREET ADDRESS	2663 OLSON RD	TALLAHASSEE FL 32308		STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32308			CITY - ST - ZIP	
TITLE	ST	MONROE, BEATRICE H	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONROE, BEATRICE H	115 TEAL LANE		NAME	
STREET ADDRESS	115 TEAL LANE	TALLAHASSEE FL 32308		STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32308			CITY - ST - ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 <u>Jessie Jim Jenkins</u> TESSIE Jim Jenkins 5/1/05 850-355-9					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					