

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000009533

**Entity Name:** BABSON PARK VISIONING GROUP, INC.

**Current Principal Place of Business:**

725 RAINBOW BLVD.  
BABSON PARK, FL 33827

**Current Mailing Address:**

PO BOX 1  
BABSON PARK, FL 33827

**FEI Number: 52-2405808**

**Certificate of Status Desired: No**

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

WELBORN, SUSAN L  
34 REGAL COURT  
BABSON PARK, FL 33827 US

*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

**Officer/Director Detail :**

Title PRES  
Name WELBORN, SUSAN  
Address 34 REGAL COURT  
City-State-Zip: BABSON PARK FL 33827

Title V  
Name SMITH, JAMES N  
Address 1722 SEMINOLE STREET  
City-State-Zip: BABSON PARK FL 33827

Title S  
Name MORRISON, MARY  
Address 1351 HOLLISTER RD  
City-State-Zip: BABSON PARK FL 33827

Title T  
Name KROHN, MARTHA  
Address 855 MANN RD  
City-State-Zip: BABSON PARK FL 33827

Title D  
Name MORRISON, SALLY  
Address 1351 HOLLISTER ROAD  
City-State-Zip: BABSON PARK FL 33827

Title D  
Name MCKEEMAN, PATTY  
Address PO BOX 287  
City-State-Zip: BABSON PARK FL 33827

*I hereby 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 all other like empowered.*

**SIGNATURE: SUSAN L. WELBORN**

**PRESIDENT**

**04/01/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date