

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	S
Name	MORRISON, MARY
Address	1351 HOLLISTER 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	V
Name	SMITH, JAMES N
Address	1722 SEMINOLE STREET
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	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