

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000006330

**Entity Name:** VISIONS OF HOPE AND PROMISE OF FLORIDA, INC.**Current Principal Place of Business:**405 MARTIN LUTHER KING JR AVE  
MONTICELLO, FL 32344**Current Mailing Address:**39 STARLING TRACE  
CRAWFORDVILLE, FL 32327**FEI Number:** 22-3901683**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROWN-POTTER, MONIQUE  
39 STARLING TRACE  
CRAWFORDVILLE, FL 32327 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 S  
Name BROWN-POTTER, MONIQUE  
Address 39 STARLING TRACE  
City-State-Zip: CRAWFORDVILLE FL 32327

Title P  
Name BROWN, HORACE  
Address 6114 PETTIFORD DR. W  
City-State-Zip: JACKSONVILLE FL 32209

Title T  
Name BROWN-MORRIS, MONICA  
Address 10957 ACORN PARK DR E  
City-State-Zip: JACKSONVILLE FL 32218

Title BM  
Name MASSEY, MARTHA  
Address 725 N. RAILROAD ST.  
City-State-Zip: MONTICELLO FL 32344

Title BM  
Name WILCOX, IDA  
Address 656 AUCILLA HWY  
City-State-Zip: MONTICELLO FL 32344

Title BM  
Name GAVIN, BETTY  
Address 419 JAY CT  
City-State-Zip: TALLAHASSEE FL 32305

*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: MONIQUE R. BROWN-POTTER****S****06/11/2013**

Electronic Signature of Signing Officer/Director Detail

Date