

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006330

Entity Name: VISIONS OF HOPE AND PROMISE OF FLORIDA, INC.**Current Principal Place of Business:**P.O BOX 934
CRAWFORDVILLE, FL 32326**Current Mailing Address:**39 STARLING TRACE
CRAWFORDVILLE, FL 32327 US**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 T
Name BROWN-MORRIS, MONICA
Address 10957 ACORN PARK DR E
City-State-Zip: JACKSONVILLE FL 32218

Title BM
Name BRONSON, SEVILLA
Address 4460 WESTOVER DR
City-State-Zip: TALLAHASSEE FL 32303

Title P
Name BROWN, MARVIN
Address 8827 CUMBRIA CT
City-State-Zip: JACKSONVILLE FL 32219

Title BM
Name THOMPSON, SANDRA
Address 8974 NAZARETH ALICE DR
City-State-Zip: TALLAHASSEE FL 32309

Title BM
Name SMITH, SAMONE
Address 9099 GALLOWAY DR
City-State-Zip: JACKSONVILLE FL 32219

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 BROWN-POTTER**RA****04/27/2014**

Electronic Signature of Signing Officer/Director Detail

Date