## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000003346

Entity Name: A VISION OF REDEMPTION, INC.

**Current Principal Place of Business:** 

43 S POWERLINE ROAD #457 POMPANO BEACH. FL 33069

## **Current Mailing Address:**

43 S POWERLINE ROAD #457 POMPANO BEACH, FL 33069 US

FEI Number: 45-4853772 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FIGUEROA, ROBIN S 43 S POWERLINE ROAD #457 POMPANO BEACH, FL 33069 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: ROBIN S FIGUEROA 03/27/2016

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title VP

Name FIGUEROA, ROBIN S Name FIGUEROA, C ELLIM

Address 43 S POWERLINE ROAD #457 Address 43 S POWERLINE ROAD #457

City-State-Zip: POMPANO BEACH FL 33069 City-State-Zip: POMPANO BEACH FL 33069

Title OFFICER Title OFFICER

Name ROUNTREE, DERRICK Name BROWNE, JOSEPH

Address 43 S POWERLINE ROAD #457 Address 43 S POWERLINE ROAD #457

City-State-Zip: POMPANO BEACH FL 33069 City-State-Zip: POMPANO BEACH FL 33069

Title OFFICER

Name NOBLE, MONIQUE

Address 43 S POWERLINE ROAD #457 City-State-Zip: POMPANO BEACH FL 33069

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: ROBIN S FIGUEROA P

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

03/27/2016

FILED Mar 27, 2016

**Secretary of State** 

CC0691642651

Date