

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004340

FILED
Aug 13, 2012
Secretary of State

Entity Name: VISIONS OF NORTH CAROLINA, INC.

Current Principal Place of Business:

7607-A ALCORN RD
GREENSBORO, NC 27409

New Principal Place of Business:

Current Mailing Address:

18350 NW 2ND AVE.
SUITE 324
MIAMI GARDENS, FL 33169

New Mailing Address:

FEI Number: 56-1963849

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORDON, SHERYL DR.
18350 NW 2ND AVE.
SUITE 324
MIAMI GARDENS, FL 33169 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CD
Name: MCMILLIAN, TRACI DR.
Address: 1730 WUILMARK RD.
City-St-Zip: WINSTON-SALEM, NC 27127

Title: VCD
Name: LUCAS, MAGISTRATE C
Address: 5208 AINSWORTH DR.
City-St-Zip: GREENSBORO, NC 27416

Title: D
Name: LEAK, LYDIA
Address: 3607 MCCUISTON RD.
City-St-Zip: GREENSBORO, NC 27407

Title: D
Name: POWELL, SAMUAL DR.
Address: 1325 LIBERTY RD.
City-St-Zip: BURLINGTON, NC 27217

Title: P
Name: MOZELL, HERBERT DR.
Address: PO BOX 19496
City-St-Zip: GREENSBORO, NC 27419

Title: VP
Name: DAVIS, VICTOR DR.
Address: 11010 S.W. 165 TERRACE
City-St-Zip: MIAMI, FL 33143

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: HERBERT MOZELL

EXEC

08/13/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date