

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006629

FILED  
Feb 13, 2008  
Secretary of State

**Entity Name:** VISION COMMUNITY DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

530 NW 189TH TERRACE  
MIAMI, FL 33169

**New Principal Place of Business:**

5320 NW 25 COURT  
LAUDERHILL, FL 33313

**Current Mailing Address:**

530 NW 189TH TERRACE  
MIAMI, FL 33169

**New Mailing Address:**

5320 NW 25 COURT  
LAUDERHILL, FL 33313

**FEI Number:** 20-0160547

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DIXON, TWANN  
530 NW 189TH TERRACE  
MIAMI, 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: D ( ) Delete  
Name: BOYD, CLARICE D  
Address: 530 NW 189TH TERRACE  
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete  
Name: REEVES, FAYE  
Address: 530 NW 189TH TERRACE  
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete  
Name: MCKENZIE, CLARA  
Address: 530 NW 189TH TERRACE  
City-St-Zip: MIAMI, FL 33169

Title: P D ( ) Delete  
Name: DIXON, TWANN  
Address: 530 NW 189TH TERRACE  
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete  
Name: SULLIVAN, JANE  
Address: 530 NW 189TH TERRACE  
City-St-Zip: MIAMI, FL 33169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JANE SULLIVAN

D

02/13/2008

Electronic Signature of Signing Officer or Director

Date