

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002504

FILED
Apr 15, 2009
Secretary of State

Entity Name: NEW VISION ECONOMIC EMPOWERMENT CDC CORPORATION

Current Principal Place of Business:

902 CLEARVIEW AVENUE
PENSACOLA, FL 32505 US

New Principal Place of Business:

Current Mailing Address:

902 CLEARVIEW AVENUE
PENSACOLA, FL 32505 US

New Mailing Address:

FEI Number: 20-0888194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HILL, KEITH D CEO
902 CLEARVIEW AVENUE
PENSACOLA, FL 32505 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: PRES () Delete
Name: HILL, KEITH D SR.
Address: 902 CLEARVIEW AVENUE
City-St-Zip: PENSACOLA, FL 32505 US

Title: VP () Delete
Name: HILL, SAMANTHA W
Address: 902 CLEARVIEW AVENUE
City-St-Zip: PENSACOLA, FL 32505

Title: BM () Delete
Name: HILL, KEITH JR
Address: 902 CLEARVIEW AVE.
City-St-Zip: PENSACOLA, FL 32505

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HILL, CHRISTOPHER D .
Address: 902 CLEARVIEW AVENUE
City-St-Zip: PENSACOLA, FL 32505 US

Title: VP (X) Change () Addition
Name: HILL, KEITH D JR
Address: 902 CLEARVIEW AVENUE
City-St-Zip: PENSACOLA, FL 32505

Title: TR (X) Change () Addition
Name: HILL, SAMANTHA W
Address: 902 CLEARVIEW AVE.
City-St-Zip: PENSACOLA, FL 32505

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: SAMANTHA W. HILL

TR

04/15/2009

Electronic Signature of Signing Officer or Director

Date