

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006330

FILED  
Apr 26, 2006  
Secretary of State

**Entity Name:** VISIONS OF HOPE AND PROMISE OF FLORIDA, INC.

**Current Principal Place of Business:**

405 MARTIN LUTHER KING JR AVE  
MONTICELLO, FL 32344

**New Principal Place of Business:**

**Current Mailing Address:**

39 STARLING TRACE  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

**FEI Number:** 22-3901683

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROWN-POTTER, MONIQUE  
39 STARLING TRACE  
CRAWFORDVILLE, FL 32327 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: S ( ) Delete  
Name: BROWN-POTTER, MONIQUE  
Address: 39 STARLING TRACE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: P ( ) Delete  
Name: BROWN, HORACE  
Address: 6114 PETTIFORD DR. W  
City-St-Zip: JACKSONVILLE, FL 32209

Title: T ( ) Delete  
Name: BROWN-MORRIS, MONICA  
Address: 10957 ACORN PARK DR E  
City-St-Zip: JACKSONVILLE, FL 32218

Title: BM ( ) Delete  
Name: MASSEY, MARTHA  
Address: 725 N. RAILROAD ST.  
City-St-Zip: MONTICELLO, FL 32344

Title: BM ( ) Delete  
Name: GREENE, ZELLA  
Address: 445 MARTIN LUTHER KING JR AVE.  
City-St-Zip: MONTICELLO, FL 32344

Title: BM ( ) Delete  
Name: YOUNG, VIOLA  
Address: 101 BASIN STREET  
City-St-Zip: TALLAHASSEE, FL 32303

**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: BM (X) Change ( ) Addition  
Name: WILCOX, IDA  
Address: 656 AUCILLA HWY  
City-St-Zip: MONTICELLO, FL 32344

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MONIQUE BROWN-POTTER

S

04/26/2006

Electronic Signature of Signing Officer or Director

Date