

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006330

FILED
Apr 23, 2009
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: WILCOX, IDA
Address: 656 AUCILLA HWY
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: () 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: BROWN-POTTER, MONIQUE

S

04/23/2009

Electronic Signature of Signing Officer or Director

Date