

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002559

FILED
May 01, 2007
Secretary of State

Entity Name: INNER-CITY VISIONS OF FAITH COMMUNITY DEVELOPMENT CORP.

Current Principal Place of Business:

667 IVA PLACE
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

667 IVA PLACE
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 54-2153636 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HORNSBY, THOMAS
667 IVA PLACE
JACKSONVILLE, FL 32208 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: COOPER, WALTER
Address: 667 IVA PLACE
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: THOMAS, MAVIS
Address: 667 IVA PLACE
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: HORNSBY, THOMAS
Address: 667 IVA PLACE
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: COOPER, TERRY JR
Address: 667 IVA PLACE
City-St-Zip: JACKSONVILLE, FL 32208

Title: CEO () Delete
Name: HORNSBY, SYLVIA
Address: 667 IVA PLACE
City-St-Zip: JACKSONVILLE, FL 32208

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: JOYNER, JAMES
Address: 667 IVA PLACE
City-St-Zip: JACKSONVILLE, FL 32208

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: SYLVIA HORNSBY

CEO

05/01/2007

Electronic Signature of Signing Officer or Director

Date