

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006588

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** NEW VISION & ALLIANCE COMMUNITY DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

20431 NW 20TH AVE  
MIAMI, FL 33056

**New Principal Place of Business:**

**Current Mailing Address:**

20431 NW 20TH AVE  
MIAMI, FL 33056

**New Mailing Address:**

**FEI Number:** 20-3066457

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BECKFORD, ZARANN  
20431 NW 20TH AVE  
MIAMI, FL 33056 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: PD ( ) Delete  
Name: BECKFORD, ZARANN  
Address: 20431 NW 20TH AVE  
City-St-Zip: MIAMI, FL 33056

Title: D ( ) Delete  
Name: PRATER, FELECIA  
Address: 3357 NW 198TH TERR  
City-St-Zip: MIAMI, FL 33056

Title: D ( ) Delete  
Name: PRATER, SAMMILETA  
Address: 2461 NW 173 TERR  
City-St-Zip: MIAMI, FL 33056

Title: D ( ) Delete  
Name: SMITH, CARMELETA  
Address: 3357 NW 198TH TERR  
City-St-Zip: MIAMI, FL 33056

**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:

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: ZARANN BECKFORD

PD

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date