## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000007312

Entity Name: NEW VISION FOR INDEPENDENCE, INC.

FILED Feb 03, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

206 JACARANDA DRIVE LEESBURG, FL 34748 LIS

**Current Mailing Address: New Mailing Address:** 

206 JACARANDA DRIVE LEESBURG, FL 34748 US

FEI Number: 20-3288751 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

JOHNSON, LEE D 1612 CANÁL CT TAVARES, FL 32778 US

**OFFICERS AND DIRECTORS:** 

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:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete KOLLMANN, COLLEEN A Name: KOLLMANN, COLLEEN A Name: 206 JACARANDA DRIVE Address: 206 JACARANDA DRIVE Address: City-St-Zip: LEESBURG, FL 34748 US City-St-Zip: LEESBURG, FL 34748 US

Title: ( ) Delete Title: (X) Change ( ) Addition JOHNSON, LEE D Name: PALADINI, RONALD Name:

Address: 1612 CANAL COURT Address: 1300 MONTEREY DRIVE City-St-Zip: TAVARES, FL 32778 US City-St-Zip: EUSTIS, FL 32726 US

Title: () Delete Title: () Change () Addition

CHAPMAN, DEANNA Name: Name: Address: PO BOX 461 Address: City-St-Zip: MASCOTTE, FL 34753 City-St-Zip:

Title: ( ) Delete Title: S/T (X) Change ( ) Addition

Name: PALADINI, RONALD L Name: FAEHN, DONALD D 1300 MONTEREY DR 1303 CATALANI LANE Address: Address: City-St-Zip: EUSTIS, FL 32726 US City-St-Zip: THE VILLAGES, FL 32162 US

Title: () Delete Title: ( ) Change (X) Addition

RAMCHANDLER, E. Name: Name: 1131 E. NORTH BLVD. Address: Address: City-St-Zip: City-St-Zip: LEESBURG, FL 34748

Title: () Delete Title: ( ) Change (X) Addition

FULLER, DAVID Name: Name: Address: Address: 3032 GLENWOOD PLACE LADY LAKE, FL 32162 City-St-Zip: 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: COLLEEN A. KOLLMANN **PRES** 02/03/2006