

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007312

FILED
Feb 10, 2007
Secretary of State

Entity Name: NEW VISION FOR INDEPENDENCE, INC.

Current Principal Place of Business:

206 JACARANDA DRIVE
LEESBURG, FL 34748 US

New Principal Place of Business:

LAKE SUMTER COMMUNITY COLLEGE
9501 US HWY 441
LEESBURG, FL 34788 US

Current Mailing Address:

206 JACARANDA DRIVE
LEESBURG, FL 34748 US

New Mailing Address:

LAKE SUMTER COMMUNITY COLLEGE
9501 US HWY 441
LEESBURG, FL 34788 US

FEI Number: 20-3288751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, LEE D
1612 CANAL CT
TAVARES, FL 32778 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: PRES () Delete
Name: KOLLMANN, COLLEEN A
Address: 206 JACARANDA DRIVE
City-St-Zip: LEESBURG, FL 34748 US

Title: V P () Delete
Name: PALADINI, RONALD
Address: 1300 MONTEREY DRIVE
City-St-Zip: EUSTIS, FL 32726 US

Title: D () Delete
Name: CHAPMAN, DEANNA
Address: PO BOX 461
City-St-Zip: MASCOTTE, FL 34753

Title: S/T () Delete
Name: FAEHN, DONALD D
Address: 1303 CATALANI LANE
City-St-Zip: THE VILLAGES, FL 32162 US

Title: D () Delete
Name: RAMCHANDLER, E.
Address: 1131 E. NORTH BLVD.
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: FULLER, DAVID
Address: 3032 GLENWOOD PLACE
City-St-Zip: LADY LAKE, FL 32162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP S (X) Change () Addition
Name: FAEHN, DONALD
Address: 1303 CATALANI LANE
City-St-Zip: THE VILLAGES, FL 32152 US

Title: D (X) Change () Addition
Name: REBER, URSULA
Address: 1413 AZALEA DRIVE
City-St-Zip: LEESBURG, FL 34788

Title: T (X) Change () Addition
Name: CUPPETT, TOM DR
Address: 821 LAKE PORT BLVD, APT M307
City-St-Zip: LEESBURG, FL 34748 US

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 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

02/10/2007

Electronic Signature of Signing Officer or Director

Date