2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

4/24

FILED
May 16, 2007 8:00 am
Secretary of State

04-24-2007 90013 050 ****61.25

DOCUMENT # N05000012425

1. Entity Name

VISION COMMUNITY HOPE CENTER, INC.

Principal Place of Business
P.O. BOX 787
WILLISTON FL 32696

Mailing Address
P.O. BOX 787
WILLISTON FL 32696

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt #, etc
City & State
Zip / Country

3. Mailing Address
Suite, Apt. #, etc
City & State
Zip / Country

4. FEI Number 56-2566676 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARNEGIE, CARL
8310 NE 166TH AVE.
WILLISTON FL 32696

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________

Signature, typed or printed name of registered agent and title if applicable

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD CARNEGIE, CARL 8310 NE 166TH AVENUE WILLISTON FL 32696	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VD CARNEGIE, JANIE 8310 NE 166TH AVENUE WILLISTON FL 32696	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SD WILLIAMS, BIRDELLA 7650 NE 184 TER. WILLISTON FL 32696	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TD BRUTTON, KURTIS 570 SCHOOL ST BRONSON FL 32621	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TD GREENLEE, BRUCE 7852 NE 184TH TERRACE WILLISTON FL 32696	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carl J. Carnegie - CARL J. CARNEGIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #