2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# N05000012425

Entity Name: VISION COMMUNITY HOPE CENTER, INC.

Current Principal Place of Business:

18680 NE 75TH ST
WILLISTON, FL 32696

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 787
WILLISTON, FL 32696

New Mailing Address:

FEI Number: 56-2566676 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARNEGIE, CARL
8310 NE 166TH AVE.
WILLISTON, FL 32696 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: CARNEGIE, CARL
Address: 8310 NE 166TH AVENUE
City-St-Zip: WILLISTON, FL 32696

Title: VD ( ) Delete
Name: CARNEGIE, JANIE
Address: 8310 NE 166TH AVENUE
City-St-Zip: WILLISTON, FL 32696

Title: SD ( ) Delete
Name: WILLIAMS, BIRDELLA
Address: 7850 NE 184 TER.
City-St-Zip: WILLISTON, FL 32696

Title: TD ( ) Delete
Name: BRUTTON, KURTIS
Address: 570 SCHOOL ST
City-St-Zip: BRONSON, FL 32621

Title: TD ( ) Delete
Name: GREENLEE, BRUCE
Address: 7852 NE 184TH TERRACE
City-St-Zip: WILLISTON, FL 32696

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:

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: CARL J CARNEGIE PD 02/06/2009

Electronic Signature of Signing Officer or Director — Date