

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002164

FILED
Jan 26, 2009
Secretary of State

Entity Name: NEW VISION FELLOWSHIP, INC.

Current Principal Place of Business:

20271 TAPANZEE
PORT CHARLOTTE, FL 33980

New Principal Place of Business:

20271 TAPPANZEE
PORT CHARLOTTE, FL 33980

Current Mailing Address:

POST OFFICE BOX 496346
PORT CHARLOTTE, FL 339496346

New Mailing Address:

POST OFFICE BOX 380638
MURDOCK, FL 33938 US

FEI Number: 53-0447219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, VERNON A
18161 WINDSWEPT AVENUE
PORT CHARLOTTE, FL 33948 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: D () Delete
Name: GREEN, VERNON
Address: 1861 WINDSWEPT AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: S () Delete
Name: MANN, PAULETTE M
Address: 10043 SW VICTORY DR
City-St-Zip: ARCADIA, FL 34269

Title: C () Delete
Name: JONES, LARRY
Address: 5725 FOXLAKE DR N.O
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GREEN, VERNON
Address: 18161 WINDSWEPT AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

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

Title: C (X) Change () Addition
Name: JONES, LARRY
Address: 5590 LONGLEAF DRIVE
City-St-Zip: N. FORT MYERS,, FL 33917

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: VERNON A. GREEN

DEL.

01/26/2009

Electronic Signature of Signing Officer or Director

Date