

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003627

FILED
Jul 27, 2009
Secretary of State

Entity Name: NEW VISION FAITH CENTER, INC.

Current Principal Place of Business:

155 IVEY AVENUE
GROVELAND, FL 34736

New Principal Place of Business:

Current Mailing Address:

PO BOX 121303
CLERMONT, FL 34712

New Mailing Address:

PO BOX 121272
CLERMONT, FL 34712

FEI Number: 61-1534749 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

EVENS II, ROBERT L
9435 WATER FERN CIRCLE
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

EVENS II, ROBERT L
155 IVEY AVENUE
GROVELAND, FL 34736 US

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: ROBERT L EVENS II

07/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: EVENS II, ROBERT
Address: 9435 WATER FERN CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: S () Delete
Name: EVENS, CHRIS M
Address: 9435 WATER FERN CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: HILL, CRAIG
Address: 735 SHADY NOOK DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: PHILBERT, WILLIERENE
Address: 753 E MINNEOLA AV
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: EVENS II, ROBERT
Address: 155 IVEY AVENUE
City-St-Zip: GROVELAND, FL 34736

Title: S (X) Change () Addition
Name: EVENS, CHRIS M
Address: 155 IVEY AVENUE
City-St-Zip: GROVELAND, FL 34736

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: ROBERT L EVENS II

PT

07/27/2009

Electronic Signature of Signing Officer or Director

Date