

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006562

FILED
Apr 07, 2010
Secretary of State

Entity Name: NEW VISION SPIRITUALIST CENTER, NSAC, INC.

Current Principal Place of Business:

C/O STACY K DAVIS
10509 JEPSON STREET
ORLANDO, FL 32825

New Principal Place of Business:

Current Mailing Address:

C/O STACY K DAVIS
10509 JEPSON STREET
ORLANDO, FL 32825

New Mailing Address:

FEI Number: 27-1206135 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DAVIS, STACY K
10509 JEPSON STREET
ORLANDO, FL 32825 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
Name: PATRIDGE, WILLIAM JR.
Address: 4320 STONEWALL DRIVE
City-St-Zip: ORLANDO, FL 32812

Title: VD
Name: ABARE, SALLY
Address: 5437 PINETRAIL WAY
City-St-Zip: ORLANDO, FL 32822

Title: STD
Name: DAVIS, STACY K
Address: 10509 JEPSON STREET
City-St-Zip: ORLANDO, FL 32825

Title: T
Name: PETERS, PATRICIA
Address: 104 MANDRAKE STREET
City-St-Zip: ORLANDO, FL 32811

Title: T
Name: STEALEY, RICHARD
Address: 2329 ASCOT AVENUE
City-St-Zip: ORLANDO, FL 32833

Title: T
Name: RIVERA, CARMEN
Address: 5048 LOBLOLLY BAY LN
City-St-Zip: ORLANDO, FL 32829

I hereby 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 all other like empowered.

SIGNATURE: STACY K DAVIS

STD

04/07/2010

Electronic Signature of Signing Officer or Director

Date