

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000009568

**FILED**  
**May 02, 2011**  
**Secretary of State**

**Entity Name:** NEW VISION OF LIFE RESTORATION FOUNDATION INC.

**Current Principal Place of Business:**

1090 W. MICHIGAN AVENUE  
PENSACOLA, FL 32505

**New Principal Place of Business:**

**Current Mailing Address:**

902 CLEARVIEW AVENUE  
PENSACOLA, FL 32505

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HILL, KEITH D DR.  
902 CLEARVIEW AVENUE  
PENSACOLA, FL 32505 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: DR.  
Name: HILL, KEITH D PRESIDE  
Address: 902 CLEARVIEW AVENUE  
City-St-Zip: PENSACOLA, FL 32505

Title: DR.  
Name: HILL, SAMANTHA W V.P.  
Address: 902 CLEARVIEW AVENUE  
City-St-Zip: PENSACOLA, FL 32505

Title: DIR  
Name: HILL, CHRISTOPHER D DIR  
Address: 902 CLEARVIEW AVENUE  
City-St-Zip: PENSACOLA, FL 32505

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: SAMANTHA HILL

OFFI

05/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date