


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000005032</b>	
1. Entity Name VISION TO VICTORY HUMAN SERVICES CORPORATION	

Principal Place of Business 13230 NORTHWEST 7TH AVENUE NORTH MIAMI, FL 33168 US	Mailing Address 13230 NORTHWEST 7TH AVENUE NORTH MIAMI, FL 33168 US
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**DO NOT WRITE IN THIS SPACE**



04292005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0449670	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

BRYANT, MAE D  
8400 N.E. 2ND AVE.  
C/O NEW BIRTH BAPTIST CHURCH  
MIAMI, FL 33138

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Dr. Mae D. Bryant, First Vice President, Board of Directors 04/29/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	C JONES, ROSA DR 17000 NW 67TH AVENUE #210 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUTLEDGE, PIERRE 798 NW 55TH STREET MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAWSEY, ANTHONY 8021 NE 7TH AVENUE MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D IVORY, WILLIE 13001 NW 17TH COURT MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dr. Mae D. Bryant 04/29/05 (305) 691-3464  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #