

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005032

FILED
Apr 28, 2009
Secretary of State

Entity Name: VISION TO VICTORY HUMAN SERVICES CORPORATION

Current Principal Place of Business:

13230 NW 7TH AVENUE
NORTH MIAMI, FL 33168 US

New Principal Place of Business:

Current Mailing Address:

13230 NW 7TH AVENUE
NORTH MIAMI, FL 33168 US

New Mailing Address:

FEI Number: 65-0449670 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STARKE, LEONARDO ESQ.
3340 MCDONALD STREET
MIAMI, FL 33133 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: C () Delete
Name: JONES, ROSA DR.
Address: 17000 NW 67TH AVENUE, #210
City-St-Zip: MIAMI, FL 33014

Title: D () Delete
Name: BRYANT, MAE D DR.
Address: 1000 NW 151 STREET
City-St-Zip: MIAMI, FL 33187

Title: D () Delete
Name: DAWSEY, ANTHONY MR.
Address: 8021 NE 7TH AVENUE
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: DAVIS, CALEB DR.
Address: 13681 SW 84TH COURT
City-St-Zip: MIAMI, FL 33167

Title: D () Delete
Name: DAVIS-RAIFORD, LUCIA MS.
Address: 19731 W OAKMONT DRIVE
City-St-Zip: MIAMI LAKES, FL 33015

Title: D () Delete
Name: SHARP, KISHASHA ESQ.
Address: 300 TREE ISLAND BLVD, SUITE 711
City-St-Zip: HOLLYWOOD, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: DR. MAE D. BRYANT

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date