

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000968

FILED
Apr 17, 2009
Secretary of State

Entity Name: VISION CHRISTIAN CENTER, INC.

Current Principal Place of Business:

5513 BRAIT AVE.
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

PO BOX 350265
JACKSONVILLE, FL 322350265 US

New Mailing Address:

FEI Number: 59-3397470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOCKLEY, LARRY SR.
5513 BRAIT AVE.
JACKSONVILLE, FL 32209 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: DP () Delete
Name: HEYWARD, CONNELL C REV.
Address: 3744 FOXCROFT RD.
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: D () Delete
Name: LOCKLEY, LARRY L REV.
Address: 5513 BRAIT AVE.
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: STD () Delete
Name: PEARSON, NATHANIEL REV
Address: 103 CHERRY POINT DR
City-St-Zip: SAINT MARYS, GA 31558 US

Title: D () Delete
Name: GLOVER, LARRY
Address: 2012 WAGES WAY
City-St-Zip: JACKSONVILLE, FL 32169

Title: V/P () Delete
Name: GOODNITE, ALBERT M
Address: 495 DENLS CIR. S.
City-St-Zip: WOODBINE, GA 31569

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: V/P (X) Change () Addition
Name: GOODNITE, HUBERT M
Address: 495 DEALS CIR. S.
City-St-Zip: WOODBINE, GA 31569

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: NATHANIEL PEARSON, JR.

STD

04/17/2009

Electronic Signature of Signing Officer or Director

Date