


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004629 (9)**

1. Corporation Name

**NEW VISION OUTREACH COMMUNITY CENTER, INC.**

Principal Place of Business

Mailing Address

**1390 N SEACREST BLVD  
BOYNTON BEACH FL 33435**

**1390 N SEACREST BLVD  
BOYNTON BEACH FL 33435**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/03/1996** 3a. Date of Last Report

4. FEI Number **65-0688444** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 2b. Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BANKS, DAVID A  
1390 N SEACREST BLVD  
BOYNTON BEACH FL 33435**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7/29/97**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE  
NAME **BANKS, DAVID A** *President, Director "D"*  
STREET ADDRESS **7405 SUNNYHILL TER**  
CITY-ST-ZIP **LANTANA FL 33462**

TITLE **DS** ☒ DELETE  
NAME **FRANCIS, ELYEN**  
STREET ADDRESS **7326 WILLOW SPRING CIR**  
CITY-ST-ZIP **LANTANA GA 33462**

TITLE **DT** ☒ DELETE  
NAME **BANKS, KENNETH T**  
STREET ADDRESS **411 NE 27TH AVE**  
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE **Treasurer, Director "D"** ☒ Change ☐ Addition  
2.2 NAME **Paul Savage**  
2.3 STREET ADDRESS **1302 W. Indie's Way**  
2.4 CITY-ST-ZIP **Lantana, FL 33462**

3.1 TITLE **Secretary, Director "D"** ☒ Change ☐ Addition  
3.2 NAME **James White, JR**  
3.3 STREET ADDRESS **111 NE 17th Ct.**  
3.4 CITY-ST-ZIP **Boynton Bch FL 33435**

4.1 TITLE **member** ☐ Change ☒ Addition  
4.2 NAME **Shella Banks**  
4.3 STREET ADDRESS **15 Southern Cross Cir # 208**  
4.4 CITY-ST-ZIP **Boynton beach, FL 33436**

5.1 TITLE **member** ☐ Change ☒ Addition  
5.2 NAME **Troy Davis**  
5.3 STREET ADDRESS **117 NW 10th Ave**  
5.4 CITY-ST-ZIP **Boynton Bch FL 33435**

6.1 TITLE **member** ☐ Change ☒ Addition  
6.2 NAME **Mark Robinson**  
6.3 STREET ADDRESS **221 Ross Dr**  
6.4 CITY-ST-ZIP **Delray Bch FL 33445**

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*[Signature]*  
Signature typed or printed name of registered agent and title if applicable.

**7/29/97**  
DATE

CR2E037 (4/97)