


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90102 043 \*\*\*\*70.00

<b>DOCUMENT # N97000004526</b> 1. Entity Name <b>NEW VISIONS COMMUNITY DEVELOPMENT CORPORATION</b>			
Principal Place of Business <b>547 NW 9TH AVE. #204 FORT LAUDERDALE, FL 33311</b>		Mailing Address <b>547 NW 9TH AVE. #204 FORT LAUDERDALE, FL 33311</b>	
2. Principal Place of Business <b>950 NW 11 Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>950 NW 11 Ave</b> Suite, Apt. #, etc.	
City & State <b>Ft. Lauderdale FL</b> Zip <b>33311</b> Country <b>Broward</b>		City & State <b>Ft. Lauderdale Florida</b> Zip <b>33311</b> Country <b>Broward</b>	
4. FEI Number <b>65-0798877</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		01042006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent  <b>GILES, JACQUELYN A 504 NW 20TH AVENUE FORT LAUDERDALE, FL 33311</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <u><i>Jacquelyn A. Giles</i></u> (NOTE: Registered Agent signature required when reinstating) DATE			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLOVER, CLARENCE E 901 NW ELEVENTH AVE FT LAUDERDALE, FL 33311	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILES, JACQUELYN 504 NW 20TH AVE FT LAUDERDALE, FL 33311	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, ROBERT 401 NW11TH AVENUE FORT LAUDERDALE, FL 33311	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			
<b>SIGNATURE:</b> <u><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>954-768-0920</u> Daytime Phone #	