

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004526

FILED
Jan 08, 2008
Secretary of State

Entity Name: NEW VISIONS COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

950 NW 11TH AVE
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

950 NW 11TH AVE
FORT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 65-0798877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TUFTS, JACQUELINE R
3120 SW 65TH AVENUE
MIRAMAR, FL 33023 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: D () Delete
Name: GLOVER, CLARENCE E
Address: 901 NW ELEVENTH AVE
City-St-Zip: FT LAUDERDALE, FL 33311

Title: D () Delete
Name: MALLIGO, LINDA
Address: 3400 BRIDGE RD.
City-St-Zip: COOPER CITY, FL 33026

Title: D () Delete
Name: MOLNAR, CAROL
Address: 1800 CORPORATE BLVD. NW
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: SIMMONS, EUGENE
Address: 25 W. FLAGLER STREET
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: ARBOGAST, STEVE L
Address: 1100 EAST LAS OLAS BOULEVARD
City-St-Zip: FT LAUDERDALE, FL 33301

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: JACQUELINE R. TUFTS

ED

01/08/2008

Electronic Signature of Signing Officer or Director

Date