

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000004415

1. Entity Name

NEW VISIONS FOR SOUTH DADE INC.



Principal Place of Business

424 S.W. 11TH AVENUE
HOMESTEAD, FL 33030

Mailing Address

424 S.W. 11TH AVENUE
HOMESTEAD, FL 33030



04292005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

31-1624820

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRACHER, DOUGLAS J ESQ
317 NORTH KROME AVENUE
HOMESTEAD, FL 33030

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BROWN, WILLIE B
STREET ADDRESS	424 S.W. 11TH AVENUE
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	D
NAME	BROWN, JEFFREY
STREET ADDRESS	424 S.W. 11TH AVENUE
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	D
NAME	WASHINGTON, LISA
STREET ADDRESS	424 S.W. 11TH AVENUE
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	D
NAME	CLARK, HARCOURT
STREET ADDRESS	807 NE 199TH STREET, UNIT 108
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	D
NAME	HUNTER, MERCIDES
STREET ADDRESS	1400 NW 3RD AVENUE
CITY-ST-ZIP	FLORIDA CITY, FL 33034
TITLE	D
NAME	SMITH, MIRIAN
STREET ADDRESS	14600 SW 320TH STREET
CITY-ST-ZIP	HOMESTEAD, FL 33030

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05/04/05-80126-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Willie B Brown

4/29/05

305 247 9306