

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000006831

1. Entity Name
**"VISIONS PLUS" COMMUNITY DEVELOPMENT
CORPORATION**



Principal Place of Business

**213 STONE STREET
COCOA, FL 32922**

Mailing Address

**213 STONE STREET
COCOA, FL 32922**

DO NOT WRITE IN THIS SPACE



01032007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-3561448

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WELLS, W O SR
213 STONE STREET
COCOA, FL 32922**

**DO NOT WRITE
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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WELLS, W O SR
STREET ADDRESS	213 STONE STREET
CITY-ST-ZIP	COCOA, FL 32922
TITLE	DV
NAME	MOORE, BARBARA
STREET ADDRESS	928 LEVITT PARKWAY
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	TD
NAME	WELLS, ANNE
STREET ADDRESS	246 ORANGE STREET
CITY-ST-ZIP	COCOA, FL 32922
TITLE	SD
NAME	WHITE, ANNETTE
STREET ADDRESS	1227 WINDING MEADOWS ROAD
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	D
NAME	MOORE, KENDALL
STREET ADDRESS	420 COBBLEWOOD DRIVE
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	D
NAME	PEETE, HERBERT
STREET ADDRESS	1221 SALMONBERRY PLACE
CITY-ST-ZIP	ROCKLEDGE, FL 32955

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01/16/07-80014-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Willie D. Wells, Sr.
WILLIE D. WELLS, SR. 1-10-07 636-7178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #