


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 A
Secretary of State

DOCUMENT # N98000006831 1. Entity Name "VISIONS PLUS" COMMUNITY DEVELOPMENT CORPORATION	
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Principal Place of Business 213 STONE STREET COCOA, FL 32922	Mailing Address 213 STONE STREET COCOA, FL 32922
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01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3561448	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	000000778678 01/11/08-80007-005 61.25
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10. OFFICERS AND DIRECTORS

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

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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: W O Wells Sr W.O. Wells, Sr 1-7-08 321-696-7178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #