

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006831

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** "VISIONS PLUS" COMMUNITY DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

213 STONE STREET  
COCOA, FL 32922

**New Principal Place of Business:**

**Current Mailing Address:**

213 STONE STREET  
COCOA, FL 32922

**New Mailing Address:**

**FEI Number:** 59-3561448      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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: PD      ( ) Delete  
Name: WELLS, W O SR  
Address: 213 STONE STREET  
City-St-Zip: COCOA, FL 32922

Title: DV      ( ) Delete  
Name: MOORE, BARBARA  
Address: 928 LEVITT PARKWAY  
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD      ( ) Delete  
Name: WELLS, ANNE  
Address: 246 ORANGE STREET  
City-St-Zip: COCOA, FL 32922

Title: SD      ( ) Delete  
Name: WHITE, ANNETTE  
Address: 1227 WINDING MEADOWS ROAD  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D      ( ) Delete  
Name: MOORE, KENDALL  
Address: 420 COBBLEWOOD DRIVE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D      ( ) Delete  
Name: PEETE, HERBERT  
Address: 1221 SALMONBERRY PLACE  
City-St-Zip: ROCKLEDGE, FL 32955

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: W.O. WELLS, SR.

PD

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date