2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2010
Secretary of State

DOCUMENT# N98000006831

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 ( )**

Name and Address of Current Registered Agent:

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DR. W.O. WELLS, SR. PD 03/30/2010

Electronic Signature of Signing Officer or Director — Date