

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000008807

**Entity Name:** NEW CONCEPTS BY VISIONS INCORPORATED**Current Principal Place of Business:**4141 US 27 NORTH  
SUITE15  
SEBRING, FL 33870**Current Mailing Address:**PO BOX 7961  
SEBRING, FL 33872**FEI Number:** 71-0988454**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COOK, BARBARA L  
1697 MANATEE DRIVE  
SEBRING, FL 33870 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

**Officer/Director Detail :**

Title	P
Name	COOK, BARBARA L
Address	1697 MANATEE DRIVE
City-State-Zip:	SEBRING FL 33870

Title	VP
Name	ELWOOD, TERRY
Address	1616 CRESCENT DRIVE
City-State-Zip:	SEBRING FL 33870

Title	SECT
Name	HAISLIP, BRAD
Address	114 EAST PINE STREET
City-State-Zip:	AVON PARK FL 33825

Title	TREASURER
Name	COOK, RAY
Address	1697 MANATEE DRIVE
City-State-Zip:	SEBRING FL 33870

Title	DIRECTOR
Name	BACHMAN, BRENDA
Address	13 WEST THOMAS ST.
City-State-Zip:	AVON PARK FL 33825

Title	DIRECTOR
Name	SPINDLER, ELLEN R
Address	1515 BOOTH DRIVE
City-State-Zip:	SEBRING FL 33870

Title	CONSULTANT
Name	STROUP, CHARLENE
Address	PO BOX 8952 HARDER AVENUE
City-State-Zip:	SEBRING FL 33872

Title	CONSULTANT
Name	DILLARD, MICHAEL
Address	4516 SMOKE SIGNAL DRIVE
City-State-Zip:	SEBRING FL 33870

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:** BARBARA L. COOK

PRES

04/30/2017

Electronic Signature of Signing Officer/Director Detail

Date