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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N97000002969 (0)**

1. Corporation Name

VISION BAPTIST CHURCH OF BONITA SPRINGS, INC.

Principal Place of Business	Mailing Address
27333 PULLEN AVE. BONITA SPRINGS FL 34135	27333 PULLEN AVE. BONITA SPRINGS FL 34135

3. Date Incorporated or Qualified: 05/22/1997

4. FEI Number: 59-345-3395 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 PO BOX 1212
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 BONITA SPRINGS, FL
24 Zip / 25 Country	29 34133 / 30 LEE

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No EXEMPT

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROBERTS, JOHN K 27333 PULLEN AVE. BONITA SPRINGS FL 34135	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, JOHN K		1.2 NAME		
STREET ADDRESS	27333 PULLEN AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34135		1.4 CITY-ST-ZIP		
TITLE	DV	☒ DELETE	2.1 TITLE	DV	☒ Change ☐ Addition
NAME	LILES, FRANK		2.2 NAME	ROBERT GATLIN	
STREET ADDRESS	10390 RIVER DR.		2.3 STREET ADDRESS	28106 MANGO DR. SW	
CITY-ST-ZIP	BONITA SPRINGS FL 34135		2.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	DS	☒ DELETE	3.1 TITLE	DS	☒ Change ☐ Addition
NAME	GLAZIER, BEVERLY		3.2 NAME	LINDA DANIELS	
STREET ADDRESS	10621 E. TERRY ST. SE		3.3 STREET ADDRESS	10231 KENTUCKY ST.	
CITY-ST-ZIP	BONITA SPRINGS FL 34135		3.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	DT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HALADAY, JANE		4.2 NAME		
STREET ADDRESS	10699 ABERNATHY ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34135		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John K Roberts 2/2/98 941-992-6090