2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2004
Secretary of State

DOCUMENT# N97000002969

Entity Name: VISION BAPTIST CHURCH OF BONITA SPRINGS, INC.

Current Principal Place of Business:

27333 PULLEN AVE.
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

POB 1212
BONITA SPGS, FL 34133 US

New Mailing Address:

FEI Number: 59-3453395 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERTS, JOHN K
27333 PULLEN AVE.
BONITA SPRINGS, FL 34135

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: DP ( ) Delete
Name: ROBERTS, JOHN K
Address: 27333 PULLEN AVE.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DV ( ) Delete
Name: PROPER, GENE
Address: 27380 PINECREST LANE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DS ( ) Delete
Name: PROPER, DOROTHY
Address: 27380 PINECREST LANE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DT ( ) Delete
Name: STOKES, JUDITH A
Address: 27287 DUVERNAY DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHNK. ROBERTS DP 06/24/2004

Electronic Signature of Signing Officer or Director — Date