

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010297

Entity Name: NEW VISIONS MINISTRIES OF FLORIDA, INC

FILED
Apr 11, 2021
Secretary of State
4239037284CC

Current Principal Place of Business:

6160 SW HWY 200
#110
OCALA, FL 34476

Current Mailing Address:

6160 SW HWY 200
#110
OCALA, FL 34476 US

FEI Number: 20-5735290

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SWAIN, SHONDA
6160 SW HWY 200
#110
OCALA, FL 34476 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: SHONDA SWAIN

04/11/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PASTOR, PRESIDENT
Name SWAIN, SHONDA
Address 6160 SW HWY 200
#110
City-State-Zip: Ocala FL 34476

Title VP
Name PEAKS, JEFFREY L
Address 6314 SW 84TH PLACE ROAD
City-State-Zip: Ocala FL 34476

Title CORRESPONDING SECRETARY
Name SWAIN, KYSHONDA M
Address 6160 SW HWY 200
#110
City-State-Zip: Ocala FL 34476

Title OFFICER
Name HALL, DAMIEN
Address 6160 SW HWY 200
#110
City-State-Zip: Ocala FL 34476

Title OFFICER
Name BEATTY, DARREN M JR.
Address 6160 SW HWY 200
#110
City-State-Zip: Ocala FL 34476

Title DEACON
Name TOLSON, WILLIAM
Address 6160 SW HWY 200
#110
City-State-Zip: Ocala FL 34476

Title ASST. SECRETARY
Name SWAIN, REGINA
Address 6160 SW HWY 200
#110
City-State-Zip: Ocala FL 34476

Title OFFICER
Name SWAIN, ANGELIQUE
Address 6160 SW HWY 200
#110
City-State-Zip: Ocala FL 34476

Continues on page 2

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: SHONDA SWAIN

PRESIDENT

04/11/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name SWAIN, DEANDRE
Address 6160 SW HWY 200
#110
City-State-Zip: OCALA FL 34476

Title OFFICER
Name HALL, ALLYE
Address 6160 SW HWY 200
#110
City-State-Zip: OCALA FL 34476