

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010297

FILED
Apr 26, 2019
Secretary of State
3984021611CC

Entity Name: NEW VISIONS MINISTRIES OF FLORIDA, INC

Current Principal Place of Business:

3541 E. FORT KING STREET
#247
OCALA, FL 34470

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

04/26/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PASTOR
Name SWAIN, SHONDA
Address 3541 E. FORT KING STREET
#247
City-State-Zip: Ocala FL 34470

Title OFFICER, DEACONESS
Name MARTIN, CARRIE
Address 2108 SW 70TH TERRACE
City-State-Zip: GAINESVILLE FL 32606

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 ROWE, FREZELL
Address 6160 SW HWY 200
#110
City-State-Zip: Ocala FL 34476

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

PASTOR

04/26/2019

Electronic Signature of Signing Officer/Director Detail

Date