

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000001751

**Entity Name:** CHURCHES WITH A VISION, INC

**Current Principal Place of Business:**

353 BOWMAN TERRACE  
PORT CHARLOTTE, FL 33953

**Current Mailing Address:**

353 BOWMAN TERRACE  
PORT CHARLOTTE, FL 33953

**FEI Number: 83-0251385**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MARSHMAN, JONATHAN  
2566 CLEO ST  
NORTH PORT, FL 34286 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 CP  
Name CARROLL, JANE  
Address 353 BOWMAN TERRACE  
City-State-Zip: PORT CHARLOTTE FL 33953

Title VC  
Name ZALUD, JESSICA  
Address 351 BOWMAN TERRACE  
City-State-Zip: PORT CHARLOTTE FL 33953

Title D T  
Name MARSHMAN, JONATHAN D T  
Address 2566 CLEO ST  
City-State-Zip: NORTH PORT FL 34286

Title D  
Name BENEPE, BARBARA  
Address 602 MOUNTAIN SHADOWS BLVD  
City-State-Zip: SHERIDAN WY 82801

*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: JANE CARROLL**

**PRESIDENT**

**03/26/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date