


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90014 037 *****70.00

DOCUMENT # N01000000203					
1. Entity Name VISIONARIES CHURCH OF GOD IN CHRIST, INCORPORATED					
Principal Place of Business 606 N MAIN STREET GAINESVILLE, FL 32605			Mailing Address 4248 NW 36TH ST GAINESVILLE, FL 32605		
2. Principal Place of Business 606 N. Main Street		3. Mailing Address 4248 NW. 36th Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Gainesville Florida		City & State Gainesville Florida		4. FEI Number 59-3722256	
Zip 32601		Country U.S.		Applied For Not Applicable	
Zip 32605		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, JESSE B 4248 NW 36TH STREET GAINESVILLE, FL 32605			7. Name and Address of New Registered Agent Name: JESSE B. BROWN Street Address (P.O. Box Number is Not Acceptable): 4248 N.W. 36th Street City: GAINESVILLE FL Zip Code: 32605		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D	NAME BROWN, JESSE B	<input type="checkbox"/> Delete	TITLE DIRECTOR	NAME BRESCAN ANTON JENKINS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4248 NW 36TH ST	CITY-ST-ZIP GAINESVILLE, FL 32605		STREET ADDRESS 309 S.W. 16th AVE	CITY-ST-ZIP GAINESVILLE Florida 32601	
TITLE D	NAME CASON, EDWARD	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 625 SW 127TH ST	CITY-ST-ZIP NEWBERRY, FL 32669		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME RUSSELL, DARRELL W	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 3111 NW 49TH ST	CITY-ST-ZIP GAINESVILLE, FL 32606		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Jesse B. Brown</i>			9/2/04		