


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90038 023 \*\*\*\*70.00

<b>DOCUMENT # N01000007024</b>	
1. Entity Name <b>TRUE VISION MINISTRIES, INC.</b>	

Principal Place of Business <b>317 N.E. 13TH TERRACE CRYSTAL RIVER FL 34428</b>	Mailing Address <b>317 N.E. 13TH TERRACE CRYSTAL RIVER FL 34428</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent	4. FEI Number <b>59-3759968</b>	Applied For <input type="checkbox"/> Not Applicable
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FLORENCE, ARTHUR L 36909 FORESTDEL DRIVE EUSTIS FL 32726	
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7. Name and Address of New Registered Agent
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Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLERMONT, ROSALIND 804 S.E. 8TH AVENUE CRYSTAL RIVER FL 34429 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, CLAUDETTE 190 OAK ROAD MADISON FL 32340 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINKLER, BERT 3591 N PANAGUA CIR CRYSTAL RIVER FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, PATRICIA 11306 STACEY LEE COURT RIVERVIEW FL 33569 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FAGIN, BONITA 317 N.E. 13TH TERRACE CRYSTAL RIVER FL 34428 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALEXANDER, CLYDE 190 OAK ROAD MADISON FL 32340 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shantei Fagin <input type="checkbox"/> Change <input type="checkbox"/> Addition 317 N.E. 13th Terrace Crystal River, FL 34428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Toni Pryor <input type="checkbox"/> Change <input type="checkbox"/> Addition 38435 Lake Ave Dade City, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME 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:** Bonita Fagin **2-18-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #