2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State
04-23-2007 90044 018 ****70.00

DOCUMENT # N01000007024

1. Entity Name
TRUE VISION MINISTRIES, INC.

Principal Place of Business	Mailing Address
317 N.E. 13TH TERRACE CRYSTAL RIVER, FL 34428	317 N.E. 13TH TERRACE CRYSTAL RIVER, FL 34428

04092007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
317 N.E 13th Terrace	P.O. Box 153
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crystal River Fla	City & State: Crystal River Fla
Zip: 34428 Country: USA	Zip: 34423 Country: USA

4. FEI Number 59-3759968 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLORENCE, ARTHUR L
36909 FORESTDEL DRIVE
EUSTIS, FL 32726

7. Name and Address of New Registered Agent

Name: Douglas Alexander
Street Address (P.O. Box Number is Not Acceptable): 1140 E. Turner Camp Rd
City: Inverness FL Zip Code: 34453

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: [signature] 4-21-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D FAGIN, SHANTE 317 NE 13TH TERRACE CRYSTAL RIVER, FL 34428	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	CEO, Bonita Fagin 317 N.E. 13th Terrace Crystal River, Fla 34428 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALEXANDER, CLAUDETTE 190 OAK ROAD MADISON, FL 32340	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Pres. Florence Langley P.O. Box 93 Floral City, Fla 34436 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRYOR, TONI 38425 LAKE AVE DADE CITY, FL 33525	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/Secretary Sharon Sawyer 876 S.E. 8th Ave Crystal River Fla 34429 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROOKS, FATRICIA 11306 STACEY LEE COURT RIVERVIEW, FL 33569	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Exec VP/Treasurer Glasime Mayne 6001 N. Larkspur Way Pine Ridge, Fla 34465 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FAGIN, BONITA 317 N.E. 13TH TERRACE CRYSTAL RIVER, FL 34428	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Director Shante Fagin 317 N.E. 13th Terrace Crystal River Fla 34428 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ALEXANDER, CLYDE 190 OAK ROAD MADISON, FL 32340	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Director Clyde Alexander 190 Oak Rd Madison, Fla 32340 ☑ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4-21-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #