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
317 N.E. 13TH TERRACE
CRYSTAL RIVER, FL 34428

Mailing Address
317 N.E. 13TH TERRACE
CRYSTAL RIVER, FL 34428

2. Principal Place of Business - No P.O. Box # 317 N.E. 13th Terrace
Suite, Apt. #, etc.

3. Mailing Address P.O. Box 153
Suite, Apt. #, etc.

04092007 Chg-NP CR2E037 (12/06)

City & State Crystal River Fla
Zip 34428 Country USA

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