

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007024

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: TRUE VISION MINISTRIES, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 153  
CRYSTAL RIVER, FL 34423

## New Mailing Address:

FEI Number: 59-3759968

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ALEXANDER, DOUGLAS  
1140 E TURNER CAMP RD  
INVERNESS, FL 34453 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: FAFIN, BONITA  
Address: 317 NE 13TH TERRACE  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: P ( ) Delete  
Name: LONGLEY, FLORENCE  
Address: PO BOX 93  
City-St-Zip: FLORAL CITY, FL 34436

Title: VS ( ) Delete  
Name: SAWYER, SHARON  
Address: 876 SE 8TH AVE  
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VT ( ) Delete  
Name: MAYNE, GLASIME  
Address: 6001 N LARKSPUR WAY  
City-St-Zip: PINE RIDGE, FL 34465

Title: D ( ) Delete  
Name: FAGIN, SHANTE  
Address: 317 N.E. 13TH TERRACE  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: D ( ) Delete  
Name: ALEXANDER, CLYDE  
Address: 190 OAK ROAD  
City-St-Zip: MADISON, FL 32340

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: FAGIN, SHANTE  
Address: 317 NE 13TH TERRACE  
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: VS (X) Change ( ) Addition  
Name: LANGLEY, FLORENCE E  
Address: P O BOX 93  
City-St-Zip: FLORAL CITY, FL 34436

Title: VT (X) Change ( ) Addition  
Name: STOKES, YVONNE  
Address: P O BOX 133  
City-St-Zip: REDDICK, FL 32686

Title: D (X) Change ( ) Addition  
Name: COLBERT, VONDA  
Address: 3601 S W ROSSER BLVD  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D (X) Change ( ) Addition  
Name: BLAIR, SHELIA  
Address: 11515 MISTY ISLE LANE  
City-St-Zip: RIVERVIEW, FL 33579

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BONITA FAGIN

CEO

04/30/2009

Electronic Signature of Signing Officer or Director

Date