2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2012
Secretary of State

DOCUMENT# N01000007024

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 ( )**

Name and Address of Current Registered Agent:

FAGIN, BONITA
317 NE 13TH TERRACE
CRYSTAL RIVER, FL 34428 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
Name: FAGIN, BONITA
Address: 317 NE 13TH TERRACE
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: P
Name: BROOKS, CLAUDE
Address: 12143 INFINITY DR
City-St-Zip: NEW PORT RICHEY, FL 34654

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

Title: T
Name: STOKES, YVONNE
Address: P O BOX 133
City-St-Zip: REDDICK, FL 32686

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

Title: D
Name: FAGIN, SHANTE'
Address: 3539 APALACHEE PKWY #69
City-St-Zip: TALLAHASSEE, FL 32311

I hereby 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 all other like empowered.

SIGNATURE: BONITA FAGIN CEO 04/16/2012

Electronic Signature of Signing Officer or Director Date