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

DOCUMENT # N02000003514

1. Entity Name

NU-VISION OUTREACH MINISTRIES, INCORPORATED

Principal Place of Business	Mailing Address
2518 N "T" ST PENSACOLA FL 32501	2518 N "T" ST PENSACOLA FL 32501

1st MOORE   CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt #, etc.	Suite, Apt #, etc.	
City & State	City & State	4. FEI Number 02-0591691 — Applied For / Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILLIONDER, CASSANDRA M 2518 N "T" ST PENSACOLA FL 32501	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW: FEE IS $61.25 **Due By May 1, 2005**	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 DP NAME LINDSEY, FRED A STREET ADDRESS 1101 E TUNIS DR CITY-ST-ZIP PENSACOLA FL 32503	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000249159 03/02/05-80059-015 70.00	☐ Change ☐ Addition
TITLE DV NAME LINDSEY, DELLA M STREET ADDRESS 1101 E TUNIS DR CITY-ST-ZIP PENSACOLA FL 32503	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE D NAME MILLIONDER, CASSANDRA M STREET ADDRESS 2518 GATOR LANE CITY-ST-ZIP PENSACOLA FL 32505	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE DT NAME LINDSEY, JOHH F STREET ADDRESS 696 E 6TH ST CITY-ST-ZIP PRATTVILLE AL 36067	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE D NAME BUCHANAN, GEORGE STREET ADDRESS 11505 N DAVIS ST CITY-ST-ZIP PENSACOLA FL 32503	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE DS NAME MILLS, LOLA I STREET ADDRESS 3 GENTIAN DR CITY-ST-ZIP PENSACOLA FL 32503	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: _Della D. Lindsey_   2/20/05 / 850-433-5209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #