

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90104 045 ****70.00

DOCUMENT # N02000003514

1. Entity Name

NU-VISION OUTREACH MINISTRIES, INCORPORATED



Principal Place of Business

**2518 N 7TH ST
PENSACOLA FL 32501**

Mailing Address

**2518 N 7TH ST
PENSACOLA FL 32501**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0591691

Applied For

Not Applicable

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 7TH 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

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	<input type="checkbox"/> Delete
NAME	LINDSEY, FRED A	
STREET ADDRESS	1101 E TUNIS DR	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LINDSEY, DELLA M	
STREET ADDRESS	1101 E TUNIS DR	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLIONDER, CASSANDRA M	
STREET ADDRESS	2518 GATOR LANE	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LINDSEY, JOHN F	
STREET ADDRESS	896 E 6TH ST	
CITY-ST-ZIP	PRATTVILLE AL 36067	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUCHANAN, GEORGE	
STREET ADDRESS	11505 N DAVIS ST	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MILLS, LOLA I	
STREET ADDRESS	3 GENTIAN DR	
CITY-ST-ZIP	PENSACOLA FL 32503	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

[Signature] **FRED A LINDSEY**

3/30/2003 (850) 433-5209

CR2E037 (10/02)