


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000003742	
1. Entity Name VISION CHRISTIAN COUNSELING ASSOCIATION, INC.	

Principal Place of Business 14329 PINE CONE TRAIL CLERMONT, FL 34711	Mailing Address PO BOX 121064 CLERMONT, FL 34712
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DO NOT WRITE IN THIS SPACE



03092004 No Chg-NP CR2E037 (10/03)

4. FEI Number 27-0018306	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GARBER, JAN 14329 PINE CONE TRAIL CLERMONT, FL 34711	DO NOT WRITE IN THIS SPACE
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GARBER, JAN 608 WEST OAKLAND AVENUE OAKLAND, FL 34760
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GARBER, CARONLINE 14239 PINE CONE TRAIL CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WHETRO, PAULA S 680 PARK VALLEY CR. WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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03/11/04-80051-024 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Jan L Garber JAN L Garber 3/9/04 352.243.2297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #