

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

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 **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GARBER, JAN
 14329 PINE CONE TRAIL
 CLERMONT, FL 34711

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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GARBER, JAN
STREET ADDRESS	608 WEST OAKLAND AVENUE
CITY- ST- ZIP	OAKLAND, FL 34760
TITLE	D
NAME	GARBER, CAROLINE
STREET ADDRESS	14239 PINE CONE TRAIL
CITY- ST- ZIP	CLERMONT, FL 34711
TITLE	D
NAME	WHETRO, PAULA S
STREET ADDRESS	680 PARK VALLEY CR.
CITY- ST- ZIP	WINTER GARDEN, FL 34787
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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #