

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91181 040 ****70.00

DOCUMENT # N02000003742

1. Entity Name

VISION CHRISTIAN COUNSELING ASSOCIATION, INC.



Principal Place of Business

**608 WEST OAKLAND AVENUE
OAKLAND FL 34760**

Mailing Address

**608 WEST OAKLAND AVENUE
OAKLAND FL 34760**

2. Principal Place of Business

14329 Pine Cone Trail
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 121064
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Clermont, FL

City & State

Clermont, FL

4. FEI Number

27-0018306

Applied For

Not Applicable

Zip

34711

Country

Lake

Zip

34712

Country

Lake

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GARBER, JAN
608 WEST OAKLAND AVENUE
OAKLAND FL 34760**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

14329 Pine Cone Trail

Clermont

34711

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

5/2/03

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

TITLE **D** ☐ Delete
NAME **GARBER, JAN**
STREET ADDRESS **608 WEST OAKLAND AVENUE**
CITY-ST-ZIP **OAKLAND FL 34760**

TITLE **D** ☒ Delete
NAME **SHAHER, BOBBIE LYNN**
STREET ADDRESS **14239 PINE CONE TRAIL**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **D** ☒ Delete
NAME **BRALAND, DAVID**
STREET ADDRESS **221 BOYD STREET**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE ☐ Delete
NAME **GARBER, CAROLINE**
STREET ADDRESS **14329 PINE CONE TR.**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE ☐ Delete
NAME **WHETRO, PAULA S.**
STREET ADDRESS **680 PARK VALLEY CR.**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Required

Jan L. Garber

5/2/03

352-243-2297

CR2E037 (10/02)