

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

DOCUMENT# N03000000954

**FILED**  
**Jul 09, 2004**  
**Secretary of State****Entity Name:** VISION INTERNATIONAL SCHOOL OF MINISTRY, INC.**Current Principal Place of Business:**3285 LAKE WORTH ROAD  
SUITE A  
LAKE WORTH, FL 33461**New Principal Place of Business:**6917 VISTA PARKWAY NORTH  
SUITE 12  
WEST PALM BEACH, FL 33411 US**Current Mailing Address:**3285 LAKE WORTH ROAD  
SUITE A  
LAKE WORTH, FL 33461**New Mailing Address:**6917 VISTA PARKWAY NORTH  
SUITE 12  
WEST PALM BEACH, FL 33411 US**FEI Number:****FEI Number Applied For ( )****FEI Number Not Applicable (X)****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**DELGADO, JOHN DR.  
3285 LAKE WORTH ROAD  
SUITE A  
LAKE WORTH, FL 33461 US**Name and Address of New Registered Agent:**DELGADO, JOHN DR.  
6917 VISTA PARKWAY NORTH  
SUITE 12  
WEST PALM BEACH, FL 33411 US

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.

SIGNATURE: DR. JOHN DELGADO

07/09/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PRES ( ) Change (X) Addition  
Name: DELGADO, JOHN DR.  
Address: 6917 VISTA PARKWAY NORTH, STE 12  
City-St-Zip: WEST PALM BEACH, FL 33411 USTitle: VP ( ) Change (X) Addition  
Name: DELGADO, IRIS DR.  
Address: 6917 VISTA PARKWAY NORTH, STE 12  
City-St-Zip: WEST PALM BEACH, FL 33411 USTitle: SECT ( ) Change (X) Addition  
Name: DELGADO, KRISTINE  
Address: 6917 VISTA PARKWAY NORTH, STE 12  
City-St-Zip: WEST PALM BEACH, FL 33411 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. JOHN DELGADO

PRES

07/09/2004

Electronic Signature of Signing Officer or Director

Date