

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002186

FILED
Apr 29, 2005
Secretary of State

Entity Name: VISIONS OF A BRIGHTER TOMORROW MINISTRIES, INC.

Current Principal Place of Business:

4549 WESTOVER DR.
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

4549 WESTOVER DR.
TALLAHASSEE, FL 32303

New Mailing Address:

P.O. BOX 180746
TALLAHASSEE, FL 323180746

FEI Number: 03-0509916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EZEKIEL, JAMES T
4549 WESTOVER DR.
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: EZEKIEL, JAMES
Address: 4549 WESTOVER DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: EZEKIEL, JAMES
Address: 4549 WESTOVER DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: CEO () Delete
Name: EZEKIEL, SHERI
Address: 4549 WESTOVER DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: EZEKIEL, SHERI
Address: 4549 WESTOVER DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: MOBLEY, ENOCH
Address: 1802 AIRPORT BLVD.
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: MOBLEY, HELEN
Address: 1802 AIRPORT BLVD.
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WILLIAMS, JAMES
Address: 711 BROOKRIDGE DR
City-St-Zip: TALLAHASSEE, FL 323056709

Title: D (X) Change () Addition
Name: WILLIAMS, PATRICIA
Address: 711 BROOKRIDGE DR
City-St-Zip: TALLAHASSEE, FL 323056709

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: JAMES T. EZEKIEL

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date