

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 05, 2006**  
**Secretary of State**

DOCUMENT# N03000002186

**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:**

P.O. BOX 180746  
TALLAHASSEE, FL 323180746

**New Mailing Address:**

**FEI Number:** 03-0509916      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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: WILLIAMS, JAMES  
Address: 711 BROOKRIDGE DR  
City-St-Zip: TALLAHASSEE, FL 323056709

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

CEO

09/05/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date