

**2005 NOT-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90128 007 ****70.50

DOCUMENT # N03000003154

1. Entity Name
NEW VISION INTERNATIONAL MINISTRIES, INC.



Principal Place of Business
**3840 N. DAVIS HWY.
PENSACOLA, FL 325**

Mailing Address
**902 CLEARVIEW AVE
PENSACOLA, FL 32505**

50051744



04182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 59-3580685 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| |
|---|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
|---|

6. Name and Address of Current Registered Agent

**HILL, KEITH D
902 CLEARVIEW AVE
PENSACOLA, FL 32505**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HILL, KEITH D SR 902 CLEARVIEW AVE PENSACOLA, FL 32505 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HILL, SAMANTHA W 902 CLEARVIEW AVE PENSACOLA, FL 32505 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD STALLWORTH, SHANEATHA 7940 DARTMOOR CIR PENSACOLA, FL 32514 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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:

Samantha Hill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05
Date

8504347819
Daytime Phone #