2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2007 08:00 A
Secretary of State

DOCUMENT # N03000003154

1. Entity Name
NEW VISION INTERNATIONAL MINISTRIES, INC.

Principal Place of Business	Mailing Address
3840 N. DAVIS HWY. PENSACOLA, FL 325	902 CLEARVIEW AVE PENSACOLA, FL 32505

05202007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3580685
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 Keith Hill K A D 5-20-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HILL, KEITH D SR
STREET ADDRESS	902 CLEARVIEW AVE
CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	SD
NAME	HILL, SAMANTHA W
STREET ADDRESS	902 CLEARVIEW AVE
CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	TD
NAME	HILL, KEITH JR. D CHAIRMA
STREET ADDRESS	902 CLEARVIEW AVENUE
CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/31/07-80036-002 588.75

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05/31/07-80036-002 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: K A D 5-20-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #