

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

09-08-2003 90127006 ***61.25
N03000003154

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DOCUMENT # N03000003154

1. Entity Name

NEW VISION INTERNATIONAL MINISTRIES, INC.



03 SEP 12 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

902 CLEARVIEW AVE
PENSACOLA FL 32505

Mailing Address

902 CLEARVIEW AVE
PENSACOLA FL 32505

2. Principal Place of Business

358 W. NINE MILE RD.

3. Mailing Address

902 Clearview Ave

Suite, Apt. #, etc.

Suite D

Suite, Apt. #, etc.

City & State

PENSACOLA FLORIDA

City & State

Pensacola, Florida

Zip

32514

Country

USA

Zip

32505

Country

USA

4. FEI Number 59-3580685

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HILL, KEITH D SR
902 CLEARVIEW AVE
PENSACOLA FL 32505

7. Name and Address of New Registered Agent

Name

Keith D. Hill

Street Address (P.O. Box Number is Not Acceptable)

902 Clearview Avenue

City

PENSACOLA

FL

Zip Code

32505

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 D. Hill President

(NOTE: Registered Agent signature required when reissuing)

8/4/03

DATE

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HILL, KEITH D SR
STREET ADDRESS 902 CLEARVIEW AVE
CITY-ST-ZIP PENSACOLA FL 32505 ☐ Delete

TITLE SD
NAME HILL, SAMANTHA W
STREET ADDRESS 902 CLEARVIEW AVE
CITY-ST-ZIP PENSACOLA FL 32505 ☐ Delete

TITLE TD
NAME STALLWORTH, SHANEATHA
STREET ADDRESS 7940 DARTMOOR CIR
CITY-ST-ZIP PENSACOLA FL 32514 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/03

DATE

8504347819

Daytime Phone #

CR2E037 (4/03)