

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90006 009 ****70.00

DOCUMENT # N05000003006

1. Entity Name
VISION SOUL TO WIN CRUSADE MINISTRIES, INC.



Principal Place of Business
**32 LANGDON DRIVE
PALM COAST, FL 32137**

Mailing Address
**32 LANGDON DRIVE
PALM COAST, FL 32137**

2. Principal Place of Business

3. Mailing Address

P.O. Box 350608

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07042006

Chg-NP

CR2E037 (4/06)

City & State

Palm Coast, FL.

4. FEI Number

20-2560806

Applied For

Not Applicable

Zip

Country

Zip

32137

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAWRENCE, FREDERICK
32 LANGDON DRIVE
PALM COAST, FL 32137**

Name

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

City

FL

Zip Code

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

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 6, 2006**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LAWRENCE, FREDERICK
32 LANGDON DRIVE
PALM COAST, FL 32137** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
LAWRENCE, DENISE
32 LANGDON DRIVE
PALM COAST, FL 32137** ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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32 LANGDON DRIVE
PALM COAST, FL 32137** ☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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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:

FREDERICK LAWRENCE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/14/06

Daytime Phone #

(347) 453-4519