


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000006281					
1. Entity Name WORLD VISION CHRISTIAN CHURCH PRISON MINISTRIES, INC.					
Principal Place of Business 1310 BANKS ROAD #208 MARGATE, FL 33063			Mailing Address 1310 BANKS ROAD #208 MARGATE, FL 33063		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country BROWARD COUNTY USA		Zip	
Country USA		Country USA			
6. Name and Address of Current Registered Agent LYONS, NORMAN H SR. 1310 BANKS ROAD #208 MARGATE, FL 33063				7. Name and Address of New Registered Agent Name N/A 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE PD PRESIDENT <input type="checkbox"/> Delete NAME LYONS, NORMAN H SR. STREET ADDRESS 1310 BANKS ROAD #208 CITY-ST-ZIP MARGATE, FL 33063	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE VP SEDRICK SHAWN <input type="checkbox"/> Delete NAME 862 S.W. 2ND PL #1 STREET ADDRESS DEERFIELD BOH, FL 33441 CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE SECY/TREASURER <input type="checkbox"/> Delete NAME HOSKINS, CARRIE STREET ADDRESS 354 BOYNTON BAY CIR. CITY-ST-ZIP BOYNTON BEACH, FL 33435	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
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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: <i>Rev. Norman H. Lyons, Sr</i> May 3-2006 972-4845 (954)					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

FILED

06 JUN -5 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FL 32399



01052006 Chg-NP CR2E037 (11/05)

4. FEI Number **01-0838554** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name **N/A**
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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Filing Fee is \$61.25 Due by May 1, 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
 PD **PRESIDENT** ☐ Delete
NAME
 LYONS, NORMAN H SR.
STREET ADDRESS
 1310 BANKS ROAD #208
CITY-ST-ZIP
 MARGATE, FL 33063

TITLE
 VP **SEDRICK SHAWN** ☐ Delete
NAME
 862 S.W. 2ND PL #1
STREET ADDRESS
 DEERFIELD BOH, FL 33441
CITY-ST-ZIP

TITLE
 SECY/TREASURER ☐ Delete
NAME
 HOSKINS, CARRIE
STREET ADDRESS
 354 BOYNTON BAY CIR.
CITY-ST-ZIP
 BOYNTON BEACH, FL 33435

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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SIGNATURE: *Rev. Norman H. Lyons, Sr* **May 3-2006** **972-4845** **(954)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #