

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007332

FILED  
Feb 21, 2011  
Secretary of State

**Entity Name:** VISION TABERNACLE, INC.

**Current Principal Place of Business:**

220 NE 1ST AVE  
HIGH SPRINGS, FL 32643

**New Principal Place of Business:**

**Current Mailing Address:**

220 NE 1ST AVE  
HIGH SPRINGS, FL 32643

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HALEY, LAWRENCE  
23774 NW 176TH AVE  
HIGH SPRINGS, FL 32643 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HALEY, LAWRENCE  
Address: 23774 NW 176THE AVENUE  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: VT  
Name: SHIVER, ARTHUR  
Address: 12328 NW S.R. 45  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: S  
Name: PEEL, WILLIAM  
Address: 2626 NW 51ST PLACE  
City-St-Zip: GAINESVILLLE, FL 32605

Title: D  
Name: WILSON, EDGAR G  
Address: PO BOX 298  
City-St-Zip: ARCHER, FL 32618

Title: D  
Name: SIRI, HALEY  
Address: 23774 NW 176THE AVENUE  
City-St-Zip: HIGH SPRINGS, FL 32643

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAWRENCE HALEY

P

02/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date