

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N28292 (3)**  
1. Corporation Name  
**VISIONS MINISTRIES, INC.**



Principal Place of Business: P. O. BOX 88284 INDIANAPOLIS IN 46208  
Mailing Address: P. O. BOX 88284 INDIANAPOLIS IN 46208

3. Date Incorporated or Qualified: **08/31/1988**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **NOT APPLICABLE**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

**9. Name and Address of Current Registered Agent**

**FREEMAN, MARY JAYNE**  
1715 NW 46TH ST.  
MIAMI FL 33142

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SEAGRAVES, GRETCHEN L.	
STREET ADDRESS	3523 IDLEWOOD TR. #903	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SEAGRAVES, DAVID R.	
STREET ADDRESS	3523 IDLEWOOD TR #903	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SEAGRAVES, LISA E.	
STREET ADDRESS	3523 IDLEWOOD TR #903	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WATSON, LAURA C.	
STREET ADDRESS	2805 BARBARY LANE, APT. B	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAUL, LUCILLE	
STREET ADDRESS	1051 W. 31ST ST.	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOORMAN, JANET	
STREET ADDRESS	9115 MISTY CIRCLE	
CITY-ST-ZIP	INDIANAPOLIS IN	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SEAGRAVES, GRETCHEN L.	
1.3 STREET ADDRESS	6509D Park Central Way	
1.4 CITY-ST-ZIP	Indianapolis, IN 46260	
2.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SEAGRAVES, DAVID R.	
2.3 STREET ADDRESS	6509D Park Central Way	
2.4 CITY-ST-ZIP	Indianapolis, IN 46260	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SEAGRAVES, LISA E.	
3.3 STREET ADDRESS	6509D Park Central Way	
3.4 CITY-ST-ZIP	Indianapolis, IN 46260	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WATSON, LAURA C.	
4.3 STREET ADDRESS	2809 Barbary Lane, Apt. B	
4.4 CITY-ST-ZIP	Indianapolis, IN 46205	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/28/96** (314) 253-1423  
Daytime Phone #

CR2E037 (12/95)