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May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

P. O. BOX 88284  
INDIANAPOLIS IN 46208

P. O. BOX 88284  
INDIANAPOLIS IN 46208-0284

3. Date Incorporated or Qualified  
08/31/1988

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREEMAN, MARY JAYNE  
1715 NW 48TH ST.  
MIAMI FL 33142

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEAGRAVES, GRETCHEN L.	1.2 NAME	Seagraves, Gretchen L.
STREET ADDRESS	6509D PARK CENTRAL WAY	1.3 STREET ADDRESS	9316 Viking Hills Court Apt B
CITY-ST-ZIP	INDIANAPOLIS IN	1.4 CITY-ST-ZIP	Indianapolis, IN 46250
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEAGRAVES, DAVID R.	2.2 NAME	Seagraves, David R.
STREET ADDRESS	6509D PARK CENTRAL WAY	2.3 STREET ADDRESS	9316 Viking Hills Court Apt B
CITY-ST-ZIP	INDIANAPOLIS IN	2.4 CITY-ST-ZIP	Indianapolis, IN 46250
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEAGRAVES, LISA E.	3.2 NAME	Seagraves, Lisa E.
STREET ADDRESS	6509D PARK CENTRAL WAY	3.3 STREET ADDRESS	1520 Van Voorhis Road Apt 5A
CITY-ST-ZIP	INDIANAPOLIS IN	3.4 CITY-ST-ZIP	Morgantown, WV 26505
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, LAURA C.	4.2 NAME	
STREET ADDRESS	2809 BARBARY LANE APT B	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL, LUCILLE	5.2 NAME	
STREET ADDRESS	1051 W. 31ST ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORMAN, JANET	6.2 NAME	
STREET ADDRESS	9115 MISTY CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	6.4 CITY-ST-ZIP	

14. I do 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 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, unchanged, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/97 (319) 570-8912

Date

Daytime Phone # 0078827

CR2E037 (9/96)