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Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



3. Date Incorporated or Qualified

08/31/1988

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 P. O. Box 501874

26 P. O. Box 501874

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Indianapolis IN

27 Indianapolis IN

City & State

City & State

23 Zip

Country

28 Zip

Country

24 46250

25 USA

29 46250

30 USA

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

6. Election Campaign Financing

Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30. ☐ 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)
13201 NW 28th Avenue

83

84 City **Opalocka**

FL

85 Zip Code **33054**

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** ☐ DELETE
NAME **SEAGRAVES, GRETCHEN L.**
STREET ADDRESS **9316 VIKING HILLS COURT APT B**
CITY-ST-ZIP **INDIANAPOLIS IN**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DT** ☐ DELETE
NAME **SEAGRAVES, DAVID R.**
STREET ADDRESS **9316 VIKING HILLS COURT APT B**
CITY-ST-ZIP **INDIANAPOLIS IN**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **DS** ☐ DELETE
NAME **SEAGRAVES, LISA E.**
STREET ADDRESS **1520 VAN VOORHIS RD., APT 5A**
CITY-ST-ZIP **MORGANTOWN WV**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **915 Ann Marie Drive**
3.4 CITY-ST-ZIP **Morgantown WV 26505**

TITLE **D** ☐ DELETE
NAME **WATSON, LAURA C.**
STREET ADDRESS **2809 BARBARY LANE APT B**
CITY-ST-ZIP **INDIANAPOLIS IN**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **4807 Round Lake Road Apt. A**
4.4 CITY-ST-ZIP **Indianapolis IN 46205**

TITLE **D** ☐ DELETE
NAME **PAUL, LUCILLE**
STREET ADDRESS **1051 W. 31ST ST.**
CITY-ST-ZIP **INDIANAPOLIS IN**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MOORMAN, JANET**
STREET ADDRESS **9115 MISTY CIRCLE**
CITY-ST-ZIP **INDIANAPOLIS IN**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: *Gretchen L. Seagraves* **Gretchen L. Seagraves** 3/21/98 (317) 570-8897

CR2E037 (10/97)