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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 P. O. BOX 88284 INDIANAPOLIS IN 46208	Mailing Address P. O. BOX 88284 INDIANAPOLIS IN 46208
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3. Date Incorporated or Qualified 08/31/1988		
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 P. O. Box 501874 Suite, Apt. #, etc. 22 Indianapolis IN City & State 23 Zip 24 46250	2a. Mailing Address 26 P. O. Box 501874 Suite, Apt. #, etc. 27 Indianapolis IN City & State 28 Zip 29 46250	Country 25 USA	Country 30 USA
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable) 13201 NW 28th Avenue	
83	
84 City Opalocka	85 Zip Code FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SEAGRAVES, GRETCHEN L.	
STREET ADDRESS	9316 VIKING HILLS COURT APT B	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SEAGRAVES, DAVID R.	
STREET ADDRESS	9316 VIKING HILLS COURT APT B	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SEAGRAVES, LISA E.	
STREET ADDRESS	1520 VAN VOORHIS RD., APT 5A	
CITY-ST-ZIP	MORGANTOWN WV	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WATSON, LAURA C.	
STREET ADDRESS	2809 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	915 Ann Marie Drive
3.4 CITY-ST-ZIP	Morgantown WV 26505
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	4807 Round Lake Road Apt. A
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 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) 576-8897**

CFR2E037 (10/97)