

FILE NOW: FILING FEE IS \$61.25

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90097 012 ****70.00

NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28292

1. Corporation Name
VISIONS MINISTRIES, INC.

Principal Place of Business
P. O. BOX 501874
INDIANAPOLIS IN 46250
US

Mailing Address
P. O. BOX 501874
INDIANAPOLIS IN 46250
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
08/31/1988

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

22 2107 Cassia Circle #F
City & State

27 2107 Cassia Circle #F
City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Kissimmee FL

28 Kissimmee FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 34741 25 USA

29 34741 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREEMAN, MARY JAYNE
13201 NW 28TH AVENUE
OPA LOCKA FL 33054

81 Name Lisa Seagraves

82 Street Address (P.O. Box Numbers Not Acceptable)
2107 Cassia Circle #F

83

84 City Kissimmee FL 85 Zip Code 34741

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 Lisa Seagraves

5/21/99

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 2107 Cassia Circle #F
1.4 CITY-ST-ZIP Kissimmee, FL 34741

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 2107 Cassia Circle #F
2.4 CITY-ST-ZIP Kissimmee, FL 34741

TITLE DS DELETE
NAME SEAGRAVES, LISA E.
STREET ADDRESS 915 ANN MARIE DRIVE
CITY-ST-ZIP MORGANTOWN WV 26505

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS 2107 Cassia Circle #F
3.4 CITY-ST-ZIP Kissimmee, FL 34741

TITLE D DELETE
NAME WATSON, LAURA C.
STREET ADDRESS 4807 ROUND LAKE ROAD, APT. A
CITY-ST-ZIP INDIANAPOLIS IN 46205

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS 4637 Round Lake Road #D
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)(l), 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, with all other like empowered.

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

5/21/99 (407) 931-0280
Date Daytime Phone #

CRZE037 (1/98)

0081505