

FILE NOW: FILING FEE IS \$61.25

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

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

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



2. Principal Place of Business

21 Suite, Apt. #, etc.
22 **2107 Cassia Circle #F**
City & State
23 **Kissimmee FL**
Zip Country
24 **34741** 25 **USA**

2a. Mailing Address

26 Suite, Apt. #, etc.
27 **2107 Cassia Circle #F**
City & State
28 **Kissimmee FL**
Zip Country
29 **34741** 30 **USA**

3. Date Incorporated or Qualified

08/31/1988

4. FEI Number

NOT APPLICABLE

Applied For

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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	915 ANN MARIE DRIVE	
CITY-ST-ZIP	MORGANTOWN WV 26505	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WATSON, LAURA C.	
STREET ADDRESS	4807 ROUND LAKE ROAD, APT. A	
CITY-ST-ZIP	INDIANAPOLIS IN 46205	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAUL, LUCILLE	
STREET ADDRESS	1051 W. 31ST ST.	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	D	<input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2107 Cassia Circle #F
1.4 CITY-ST-ZIP	Kissimmee, FL 34741
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2107 Cassia Circle #F
2.4 CITY-ST-ZIP	Kissimmee, FL 34741
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2107 Cassia Circle #F
3.4 CITY-ST-ZIP	Kissimmee, FL 34741
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	4637 Round Lake Road #D
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, with all other like empowered.

SIGNATURE:

Lisa Seagraves
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E037 (1/98)