

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28292

1. Entity Name

VISIONS MINISTRIES, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90001 008 ****70.00

Principal Place of Business	Mailing Address
2107 CASSIA CIR #F KISSIMMEE FL 34741	2107 CASSIA CIR #F KISSIMMEE FL 34741-2874 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 422741

City & State	City & State
Zip	Country
Kissimmee, FL	34742-2174 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Name and Address of Current Registered Agent	
SEAGAVES, LISA 2107 CASSIA CIR #F KISSIMMEE FL 34741	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
2225 Polo Club Dr. #204	
City	Zip Code
Kissimmee	FL 34741

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	SEAGRAVES, GRETCHEN L.	NAME	
STREET ADDRESS	2107 CASSIA CIR., #F	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34741	CITY-ST-ZIP	
TITLE	DT	TITLE	
NAME	SEAGRAVES, DAVID R.	NAME	
STREET ADDRESS	2107 CASSIA CIR., #F	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34741	CITY-ST-ZIP	
TITLE	DS	TITLE	
NAME	SEAGRAVES, LISA E.	NAME	
STREET ADDRESS	2107 CASSIA CIR., #F	STREET ADDRESS	2225 Polo Club Dr. #204
CITY-ST-ZIP	KISSIMMEE FL 34741	CITY-ST-ZIP	Kissimmee, FL 34741
TITLE	D	TITLE	
NAME	WATSON, LAURA C.	NAME	
STREET ADDRESS	2107 CASSIA CIR., #F	STREET ADDRESS	4637 Round Lake Rd #D
CITY-ST-ZIP	KISSIMMEE FL 34741	CITY-ST-ZIP	Indianapolis, IN 46205
TITLE	P	TITLE	
NAME	PAUL, LUCILLE	NAME	
STREET ADDRESS	2107 CASSIA CIR., #F	STREET ADDRESS	1051 W. 31st St.
CITY-ST-ZIP	KISSIMMEE FL 34741	CITY-ST-ZIP	Indianapolis, IN 46208
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lisa E. Seagraves* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00 407-343-0273

Date Daytime Phone #

CR2E037 (9/99)