

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # N28292**

1. Entity Name  
**VISIONS MINISTRIES, INC.**

Principal Place of Business 2107 CASSIA CIR #F KISSIMMEE FL 34741	Mailing Address 2107 CASSIA CIR #F KISSIMMEE FL 34741-2874 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address P.O. Box 422741 Suite, Apt. #, etc. City & State Kissimmee, FL Zip 34742-2174 Country USA
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4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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 **Kissimmee** FL Zip Code **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	SEAGRAVES, GRETCHEN L. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2107 CASSIA CIR., #F	NAME	
STREET ADDRESS	KISSIMMEE FL 34741	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE DT	SEAGRAVES, DAVID R. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2107 CASSIA CIR., #F	NAME	
STREET ADDRESS	KISSIMMEE FL 34741	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE DS	SEAGRAVES, LISA E. <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2107 CASSIA CIR., #F	NAME	<b>2225 Polo Club Dr. #204</b>
STREET ADDRESS	KISSIMMEE FL 34741	STREET ADDRESS	<b>Kissimmee, FL 34741</b>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	WATSON, LAURA C. <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2107 CASSIA CIR., #F	NAME	
STREET ADDRESS	KISSIMMEE FL 34741	STREET ADDRESS	<b>4637 Round Lake Rd #D</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Indianapolis, IN 46205</b>
TITLE P	PAUL, LUCILLE <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2107 CASSIA CIR., #F	NAME	
STREET ADDRESS	KISSIMMEE FL 34741	STREET ADDRESS	<b>1051 W. 31st St.</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Indianapolis, IN 46208</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Seagraves* **SIGNATURE REQUIRED** 4/11/00 407-343-0273  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)