

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90033 001 ****70.00

DOCUMENT # N28292

1. Entity Name

VISIONS MINISTRIES, INC.

Principal Place of Business

2107 CASSIA CIR
 #F
 KISSIMMEE FL 34741

Mailing Address

PO BOX 422174
 KISSIMMEE FL 34741-2174
 US

624700



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEAGAVES, LISA
 2225 POLO CLUB DR
 #204
 KISSIMMEE FL 34741

Name

Lisa Seagraves

Street Address (P.O. Box Number is Not Acceptable)

2107 Cassia Circle

Apt F

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

Lisa Seagraves

Lisa Seagraves, secretary

2/15/01

Signature, typed or printed name of registered agent and title if applicable.

(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 Delete
 NAME PD SEAGRAVES, GRETCHEN L.
 STREET ADDRESS 2107 CASSIA CIR., #F
 CITY-ST-ZIP KISSIMMEE FL 34741

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME DT SEAGRAVES, DAVID R.
 STREET ADDRESS 2107 CASSIA CIR., #F
 CITY-ST-ZIP KISSIMMEE FL 34741

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME DS SEAGRAVES, LISA E.
 STREET ADDRESS 2225 POLO CLUB DR #204
 CITY-ST-ZIP KISSIMMEE FL 34741

TITLE Change Addition
 NAME
 STREET ADDRESS *2107 Cassia Circle Apt. F*
 CITY-ST-ZIP *Kissimmee, FL 34741*

TITLE Delete
 NAME D WATSON, LAURA C.
 STREET ADDRESS 4637 ROUND LAKE RD #D
 CITY-ST-ZIP INDIANAPOLIS IN 46205

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D PAUL, LUCILLE
 STREET ADDRESS 1051 W 31ST ST
 CITY-ST-ZIP INDIANAPOLIS IN 46208

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/01

Date

407-931-0085

Daytime Phone #

CR2E037 (10/00)