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**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90047 032 \*\*\*\*61.25

|                                                 |                                                                                   |                                                                                                                 |
|-------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

**DOCUMENT # N39529**

1. Corporation Name

**VISITATION HOUSE, INC.**

Principal Place of Business

C/O WAY, JAMES  
 6285 45 STREET  
 VERO BEACH FL 32962  
 US

Mailing Address

C/O WAY, JAMES  
 6285 45 STREET  
 VERO BEACH FL 32962  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 32967 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 32967 30 Country

3. Date Incorporated or Qualified

08/13/1990

4. FEI Number

59-3011848

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

WAY, JAMES  
 6285 45TH STREET  
 VERO BEACH FL 32967-7897

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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

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 D ☐ DELETE

NAME JEFFERSON, ANDREW R  
 STREET ADDRESS 4236 57TH AVE.  
 CITY-ST-ZIP VERO BEACH FL

TITLE TD ☐ DELETE

NAME HANKLE, DAVID  
 STREET ADDRESS 1075 31ST AVENUE  
 CITY-ST-ZIP VERO BEACH FL

TITLE D ☐ DELETE

NAME WAY, JAMES  
 STREET ADDRESS 6285 45TH ST  
 CITY-ST-ZIP VERO BEACH FL

TITLE PD ☐ DELETE

NAME DEAN, JOHN  
 STREET ADDRESS 2166 27TH AVENUE  
 CITY-ST-ZIP VERO BEACH FL

TITLE D ☐ DELETE

NAME NEWSOME, JAMES  
 STREET ADDRESS FIRST BAPTIST CHURCH, 2206 16TH AVE  
 CITY-ST-ZIP VERO BEACH FL 32960

TITLE D ☒ DELETE

NAME HOHLER, TRISTAN  
 STREET ADDRESS 1955 20TH AVE  
 CITY-ST-ZIP VERO BEACH FL 32960

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME D BUCKNER, JACK  
 1.3 STREET ADDRESS 740 25TH ST. S.W.  
 1.4 CITY-ST-ZIP VERO BEACH, FL 32962

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME D BURSON, HENRY  
 2.3 STREET ADDRESS 4545 38TH AVE.  
 2.4 CITY-ST-ZIP VERO BEACH, FL 32967

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME D FOSTER, DAVID  
 3.3 STREET ADDRESS TABERNACLE BAPTIST Church, 51 OLD DIXIE Hwy  
 3.4 CITY-ST-ZIP VERO BEACH, FL 32962

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

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)(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:

**SIGNATURE REQUIRED**

3/16/99 561-569-3828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25037 (11/98)