# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 27, 2002 8:00 am**
**Secretary of State**
05-27-2002 90490 002 ****61.25

0070911

DOCUMENT # N39529

1. Entity Name

VISITATION HOUSE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O WAY, JAMES<br>6285 45 STREET<br>VERO BEACH FL 32967<br>US | C/O WAY, JAMES<br>6285 45 STREET<br>VERO BEACH FL 32967<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-3011848 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| WAY, JAMES<br>6285 45TH STREET<br>VERO BEACH FL 32967-7897 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 _____
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>BALL, ROGER<br>455 SW 58TH AVE<br>VERO BEACH FL 32968 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Ball, Roger<br>455 S.W. 58th Ave.<br>Vero Beach, FL 32968 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>HANKLE, DAVID<br>1075 31ST AVENUE<br>VERO BEACH FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>Smith, Clifton<br>7 W. Main St. Suite 300<br>Apopka FL 32703 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WAY, JAMES<br>6285 45TH ST<br>VERO BEACH FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Willis, Ray<br>890 N. Hwy. 19<br>Palatka, FL 32178 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NEWSOME, JAMES<br>FIRST BAPTIST CHURCH, 2206 16TH AVE<br>VERO BEACH FL 32960 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>McCants, Ron<br>7 W. Main Street Suite 300<br>Apopka, FL 32703 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/01)

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:** SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #