FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:20

DOCUMENT # N40001 (2)

1. Corporation Name
DOUBLE VISION MINISTRIES, INC.

Principal Place of Business	Mailing Address
2061 MCGREGOR BLVD FT MYERS FL 33901	2061 MCGREGOR BLVD FT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/18/1990
3a. Date of Last Report: 01/31/1994
4. FEI Number: 85-0582837 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

METZGER, JEFFREY
FIRST CHRISTIAN CHURCH
2061 MCGREGOR BLVD
FT MYERS FL 33901

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	AHLGRIM, ALAN	1.2 NAME	Ahlgrim, Alan	
STREET ADDRESS	2400 22 AVE	1.3 STREET ADDRESS	9447 Niwot Rd.	
CITY-ST-ZIP	LONGMONT CO	1.4 CITY-ST-ZIP	Longmont, CO 80503	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHNEIDERS, GLEN	2.2 NAME		
STREET ADDRESS	3712 ARBOR COURT	2.3 STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON KY	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	SLONIGER, ROBERT	3.2 NAME		
STREET ADDRESS	191 E STEGER RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO HEIGHTS IL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	METZGER, JEFFREY	4.2 NAME		
STREET ADDRESS	2061 MCGREGOR BLVD	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP		
TITLE	CD	5.1 TITLE	CD	☒ Change ☐ Addition
NAME	WASEM, JOHN	5.2 NAME	Wasem, John N/A	
STREET ADDRESS	9813 WHITE OAK AVE	5.3 STREET ADDRESS	P.O. Box 456	
CITY-ST-ZIP	MUNSTER IN	5.4 CITY-ST-ZIP	St. John, IN 46373-0456	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, PAUL	6.2 NAME		
STREET ADDRESS	40 MARILYN ST	6.3 STREET ADDRESS		
CITY-ST-ZIP	EAST ISLIP NY	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 asterisk.

SIGNATURE: Paul Williams 2/7/95 516-581-4489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Paul Williams

00181702