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Feb 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N40001** (2)

1. Corporation Name

DOUBLE VISION MINISTRIES, INC.

Principal Place of Business

Mailing Address

11651 E. TERRY ST.
BONITA SPRINGS FL 33923

11651 E. TERRY ST.
BONITA SPRINGS FL 34135-6124



2. Principal Place of Business

2a. Mailing Address

21 **8 LAUREL AVE.**

26 **BOX 9**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE #4**

27

City & State

City & State

23 **EAST ISLIP, NY**

28 **EAST ISLIP**

Zip

Country

Zip

Country

24 **11730**

25

29 **NY**

30 **11730**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MASON, CAMERON
11651 E. TERRY ST.
BONITA SPRINGS FL 33923

81 Name

E. Sidney Foulke

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

1730 KING ARTHUR COURT

83

84 City

Kissimmee

FL

85 Zip Code

34744

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 **X P. Sidney Foulke**

2-17-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MASON, CAMERON	
STREET ADDRESS	11651 E. TERRY ST.	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HOLSINGER, STEVE	
STREET ADDRESS	7801 E 32ND AVE.	
CITY-ST-ZIP	ANCHORAGE, ALASKA 99504	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SLONIGER, ROBERT	
STREET ADDRESS	191 E STEGER RD	
CITY-ST-ZIP	CHICAGO HEIGHTS IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	METZGER, JEFFREY	
STREET ADDRESS	2061 MCGREGOR BLVD	
CITY-ST-ZIP	FT MYERS FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	WASEM, JOHN	
STREET ADDRESS	P.O. BOX 456 N/A	
CITY-ST-ZIP	ST. JOHN IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, PAUL	
STREET ADDRESS	40 MARILYN ST	
CITY-ST-ZIP	EAST ISLIP NY	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 to this address.

SIGNATURE:

Paul Williams

2/12/97

571-521-4489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)