

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90023 018 ****61.25

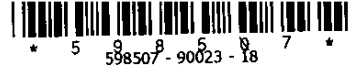
NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N40001** ✓

1. Corporation Name
DOUBLE VISION MINISTRIES, INC.



Principal Place of Business
 8 LAUREL AVE
 STE 4
 EAST ISLIP NY 11730
 US

Mailing Address
 BOX 9
 EAST ISLIP NY 11730
 US

21	2. Principal Place of Business	2a	2a. Mailing Address	3.	Date Incorporated or Qualified		
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/18/1990		
22	22	27	27	4.	FEI Number	Applied For	
	City & State		City & State		85-0582837		Not Applicable
23	23	28	28	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
	Zip	Country	Zip	Country	6.	Election Campaign Financing	\$5.00 May Be Added to Fees
24	24	25	25	29	29	30	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
TEMPLETON, GARY 224 DTURA ST STE 1006 WEST PALM BCH FL 33401				81	Name				
				82	Street Address (P.O. Box Number is Not Acceptable)				
				1070 EAST INDIANTOWN					
				83	SUITE 407				
				84	City	JUPITER	85	Zip Code	FL 33477

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLONIGER, ROBERT	1.2 NAME	
STREET ADDRESS	191 E STEGER RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO HEIGHTS IL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METZGER, JEFFREY	2.2 NAME	
STREET ADDRESS	2061 MCGREGOR BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASEM, JOHN	3.2 NAME	
STREET ADDRESS	P.O. BOX 456 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. JOHN IN	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, PAUL	4.2 NAME	
STREET ADDRESS	40 MARILYN ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	EAST ISLIP NY	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Paul Williams 7/15/99 516-581-4489
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)