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

APPROVED AND FILED

1995 MAR 23

300001439363
-03/24/95--01085--011
*****61.25 *****61.25

DOCUMENT # **N44760** (9)

1. Corporation Name

SPIRITUAL VISION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O H. LOGAN BROOKS. JR. 2418-B EAST PLAZA DR. TALLAHASSEE FL 32309 US	% H. LOGAN BROOKS. JR. 2418-B EAST PLAZA DRIVE TALLAHASSEE FL 32308

3. Date Incorporated or Qualified: 08/20/1991
3a. Date of Last Report: 06/30/1994
4. FEI Number: 59-3091955 ☐ 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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BROOKS, H. LOGAN, JR. 2418-B EAST PLAZA DRIVE TALLAHASSEE FL 32308	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 reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BROOKS, H. LOGAN, JR.	12 NAME	
STREET ADDRESS	2418-B EAST PLAZA DR	13 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSE FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	WATSON, JAMES	22 NAME	
STREET ADDRESS	3784 SALLY LANE	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSE FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	BROOKS, MARY ANN B. Delete	32 NAME	
STREET ADDRESS	2418-B EAST PLAZA DR	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSE FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☑ Addition
NAME	Rhodes, William	42 NAME	
STREET ADDRESS	1506 Bellaw Woods Dr	43 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32308	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	TAW 3/23/95
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 no address.

SIGNATURE: H Logan Brooks Jr. 1/23/95 904 942-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027342