

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT <b>1996 7-19-96 B-7355-C</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---

DOCUMENT # **N50339** (3)

1. Corporation Name

**VISTA CHRISTIAN MINISTRIES, INC.**

Principal Place of Business

**5600 SILVER STAR RD.  
ORLANDO FL 32808  
US**

Mailing Address

**P.O. BOX 680605  
ORLANDO FL 32868-0605**



3. Date Incorporated or Qualified

3a. Date of Last Report  
**10/31/1995**

4. FEI Number

**59-3136181**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes ☐ No

2. Principal Place of Business

**21 2701 S. RIO GRANDE AVE**

2a. Mailing Address

**26 PO BOX 593435**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State  
**ORLANDO, FL**

City & State  
**ORLANDO, FL**

23

28

Zip

**32805**

Country

**USA**

24

Zip

**32859**

Country

**USA**

29

30

9. Name and Address of Current Registered Agent

**BYRD, WILLIAM C., JR.  
5602 SILVER STAR RD.  
STE. 527  
ORLANDO FL 32808**

10. Name and Address of New Registered Agent

81 Name  
**BYRD, WILLIAM C., JR.**

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

83 **2032 DUNWOODIE ST.**

84 City  
**ORLANDO**

FL

85

Zip Code  
**32839**

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

*William C. Byrd, Jr.*  
Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstating)

**7-15-96**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PT</b>	<input type="checkbox"/> DELETE
NAME	<b>BYRD, WILLIAM C., JR.</b>	
STREET ADDRESS	<b>5602 SILVER STAR RD., STE. 527</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32808</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BYRD, DONNA P.</b>	
STREET ADDRESS	<b>5602 SILVER STAR RD., STE. 527</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32808</b>	
TITLE	<b>DVS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>QUAIN, ALLEN A.</b>	
STREET ADDRESS	<b>5602 SILVER STAR RD., STE. 527</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32808</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>BYRD, WILLIAM C., JR.</b>	
1.3 STREET ADDRESS	<b>2032 DUNWOODIE ST.</b>	
1.4 CITY-ST-ZIP	<b>ORLANDO FL, 32839</b>	
2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>BYRD, DONNA P.</b>	
2.3 STREET ADDRESS	<b>2032 DUNWOODIE ST.</b>	
2.4 CITY-ST-ZIP	<b>ORLANDO FL 32839</b>	
3.1 TITLE	<b>DV</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>HASTE, RANDY L.</b>	
3.3 STREET ADDRESS	<b>1886 OLE HERITAGE DR.</b>	
3.4 CITY-ST-ZIP	<b>ORLANDO, FL 32839</b>	
4.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>HASTE, KIMBERLEY A.</b>	
4.3 STREET ADDRESS	<b>1886 OLE HERITAGE DR.</b>	
4.4 CITY-ST-ZIP	<b>ORLANDO, FL 32839</b>	
5.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>GARRETT, TARA T.</b>	
5.3 STREET ADDRESS	<b>1080C REDMAN ST.</b>	
5.4 CITY-ST-ZIP	<b>ORLANDO, FL 32839</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>MARINI, THOMAS A.</b>	
6.3 STREET ADDRESS	<b>6421 STANWIN DR.</b>	
6.4 CITY-ST-ZIP	<b>APOPKA, FL 32712</b>	

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)(k), 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 my address.

SIGNATURE:

*William C. Byrd, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-15-96** **407-423-0188**  
Date Daytime Phone #

CR2E037 (3/96)