## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N96000000967

Entity Name
 VISION CHRISTIAN MINISTRIES INC.



FILED Apr 17, 2008 8:00 am Secretary of State

04-17-2008 90033 041 \*\*\*\*61.25

VIOLOTE OS INTO FISATE MINISTOS NACIO, INC.							
5513 BRAIT AVE. P.O.		Mailing Address P.O. BOX 350265 JACKSONVILLE, FL 32235					
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04142008 Ch	g-NP CR2E03	7 (12/06)	
City & State		City & State		4. FEI Number 59-336202	1	<u> </u>	oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of Sta		\$8.75 Add	
•	- 6. Name and Address of Current l	Registered Agent		7. Name and Addr	ess of New Registered A	Agent	
LOCKLEY, LARRY SR.			Name				
5513 BRAIT AVE. JACKSONVILLE, FL 32209			Street Address (P.O. Box Number is Not Acce		lot Acceptable)		
	•						
			City		FL	Zip Cod	e
	named entity submits this statement for	the purpose of changing its reg	gistered office or regis	stered agent, or both, in t	he State of Florida. I am f	amiliar with,	and accept
the obligation	tions of registered agent.						
SIGNATURE							ĺ
GIGHATOTIC	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	egistered Agent signature requ	ured when reinstating)	DATE		
		9. Election Campa Trust Fund Con		\$5.00 May Be Added to Fees	Make check Florida Depart		
10.		Trust Fund Con		Added to Fees		tment of Si	tate
<b>10.</b> TITLE	Due by May 1, 2008	Trust Fund Con	ntribution.	Added to Fees	Florida Depart	tment of Si	tate
	OFFICERS AND DIF DP LOCKLEY, SR., LARRY L REV.	Trust Fund Con	ntribution.	Added to Fees	Florida Depart	tment of SI	tate
TITLE NAME STREET ADDRESS	OFFICERS AND DIS OFFICERS AND DIS DP LOCKLEY, SR., LARRY L REV. 5513 BRAIT AVE.	Trust Fund Con	11. TITLE NAME STREET ADDRESS	Added to Fees	Florida Depart	tment of SI	tate
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LA LOUIS LA NATHANIEL PEARSON, JR. 04/15/08 (918) 473-6035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date