

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000968

1. Entity Name

VISION CHRISTIAN CENTER, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90115 040 ****61.25

Principal Place of Business

5513 BRAIT AVE.
JACKSONVILLE FL 32209

Mailing Address

12181 FORT CAROLINE RD
JACKSONVILLE FL 32225-1617
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3397470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOCKLEY, LARRY SR.
5513 BRAIT AVE.
JACKSONVILLE FL 32209

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete
NAME HEYWARD, CONNELL
STREET ADDRESS 3744 FOXCROFT RD.
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME THOMAS, WILBERT
STREET ADDRESS 111 E 1ST ST., UNIT #47
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DST ☐ Delete
NAME BENNETT, ALVIN
STREET ADDRESS 12401 CASHROS COURT COVE
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME THOMPSON, TYRONE
STREET ADDRESS 9026 BRIDGE CREEK DR
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Alvin Bennett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-2000 (904) 220-4397

CR2E037 (9/99)