2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002361

Address:

City-St-Zip:

FILED Apr 25, 2007 Secretary of State

Entity Nar	me: NEW VIS	SION BAPTIST CHURCH OCA	LA, INC.			
Current Principal Place of Business:			New Principal Place of Business:			
10461 SE I OCALA, FI	MARICAMP R L 34472	OAD				
Current Mailing Address:			New Mailing Address:			
10461 SE I OCALA, FI	MARICAMP R L 34472	OAD				
FEI Number: 59-3280734 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
LYNCH, JAMES 1921 NW 44 ST OCALA, FL 34475 US			47 SILVER	BOLES, ELVIN 47 SILVER PLACE OCALA, FL 34472 US		
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registere	ed office or registered agent, or both,	
SIGNATURE: ELVIN BOLES Electronic Signature of Registered Agent				04/25/2007		
			ent	Date		
OFFICERS	S AND DIREC	CTORS:	ADDITION	IS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (BOLES, ELVIN 47 SILVER PL OCALA, FL 34	ACE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	TT (LYNCH, JAME 1921 NW 44 S OCALA, FL 34	т	Title: Name: Address: City-St-Zip:	12961 SE	(X) Change ()Addition JACK E TRUSTE 120TH. STREET HA, FL 32179	
Title: Name: Address: City-St-Zip:	WILSON, JAM	OURSE TERR.	Title: Name: Address: City-St-Zip:	TS WILSON, J 545 SILVE OCALA, FL	R COURSE TERR.	
Title: Name:	() Delete	Title: Name:	T HOFFMAN	() Change (X) Addition , DOUGLAS TRUSTEE	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

11785 SE 136 TH. CT. OCKLAWAHA, FL 32179

SIGNATURE: ELVIN BOLES 04/25/2007 D