

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000000184	
1. Entity Name NEW VISION WORLD-WIDE MINISTRIES, INC.	



FILED

08 APR 28 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2508 JEFFERSON RD S TALLAHASSEE, FL 32317	Mailing Address P.O. BOX 3081 TALLAHASSEE, FL 32315
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04212008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3423681	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CLEMONS, EDWIN O SR. 2017 TRIMBLE ROAD #2 TALLAHASSEE, FL 32303	7. Name and Address of New Registered Agent Name <u>Clemons, Edwin O SR.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2508 JEFFERSON RD S</u> City <u>TALLAHASSEE</u> FL Zip Code <u>32317</u>
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] DATE 4/28/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CLEMONS, EDWIN O SR. P.O. BOX 3081 TALLAHASSEE, FL 32315 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>D</u> <u>mona Lisa Harris</u> <u>4146 Crawfordville Hwy</u> <u>Crawfordville, FL 32307</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HUGHES, WILHELMENIA P O BOX 3081 TALLAHASSEE, FL 32315 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>D</u> <u>Willie Baker</u> <u>P.O. Box 3081</u> <u>Tallahassee, FL 32315</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOPER, PATRICIA 1780 IRON BRIDGE RD TALLAHASSEE, FL 32333 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEMONS, CELESTE P.O. BOX 3081 TALLAHASSEE, FL 32315 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>800126226038</u> <u>04/28/08--01016--013 **70.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRAHAM-CLEMONS, FRANCES P O BOX 3222 TALLAHASSEE, FL 32315 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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: [Signature] DATE 4/28/08 - 850-877-3356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #