

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000184

FILED
Apr 17, 2009
Secretary of State

Entity Name: NEW VISION WORLD-WIDE MINISTRIES, INC.

Current Principal Place of Business:

2508 JEFFERSON RD S
TALLAHASSEE, FL 32317

New Principal Place of Business:

2110 SOUTH ADAMS ST
SUITE A/B
TALLAHASSEE, FL 32301

Current Mailing Address:

P.O. BOX 3081
TALLAHASSEE, FL 32315

New Mailing Address:

FEI Number: 59-3423681 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CLEMONS, EDWIN O SR.
2508 JEFFERSON RD S
TALLAHASSEE, FL 32317 US

Name and Address of New Registered Agent:

CLEMONS, EDWIN O SR.
2110 SOUTH ADAMS ST
SUITE A/B
TALLAHASSEE, FL 32301 US

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: EDWIN O CLEMONS SR.

04/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: CLEMONS, EDWIN O SR.
Address: P.O. BOX 3081
City-St-Zip: TALLAHASSEE, FL 32315

Title: ST () Delete
Name: HUGHES, WILHELMENIA
Address: P O BOX 3081
City-St-Zip: TALLAHASSEE, FL 32315

Title: D () Delete
Name: HOOPER, PATRICIA
Address: 1780 IRON BRIDGE RD
City-St-Zip: TALLAHASSEE, FL 32333

Title: D () Delete
Name: HARRIS, MONA LISA
Address: 4146 CRAWFORDVILLE HWY
City-St-Zip: TALLAHASSEE, FL 32327

Title: V () Delete
Name: GRAHAM-CLEMONS, FRANCES
Address: P O BOX 3222
City-St-Zip: TALLAHASSEE, FL 32315

Title: D () Delete
Name: BAKER, WILLIE
Address: P.O.BOX 3081
City-St-Zip: TALLAHASSEE, FL 32315

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AV (X) Change () Addition
Name: WILLIAMS, EDWEINA DR
Address: P O BOX 3081
City-St-Zip: TALLAHASSEE, FL 32315

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.

SIGNATURE: EDWIN O CLEMONS SR

PCEO

04/17/2009

Electronic Signature of Signing Officer or Director

Date