

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

006685

DOCUMENT # N97000000184

1. Entity Name

NEW VISION WORLD-WIDE MINISTRIES, INC.



05-02-2003 90404 043 ****70.00

Principal Place of Business

**4238 LITTLE OSPREY DRIVE
TALLAHASSEE FL 32303**

Mailing Address

**P.O. BOX 3081
TALLAHASSEE FL 32315**

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3423681**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CLEMONS, EDWIN O SR.
4238 LITTLE OSPREY DRIVE
TALLAHASSEE FL 32303**

EDWIN O. CLEMONS, SR.

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **EDWIN O. CLEMONS, SR.**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Edwin O. Clemons, Sr. 4-30-2003

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PCEO** ☐ Delete
NAME **CLEMONS, EDWIN O SR.**
STREET ADDRESS **4238 LITTLE OSPREY DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **ST** ☐ Delete
NAME **HUGHES, WILHELMENIA**
STREET ADDRESS **4238 LITTLE OSPREY DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **T** ☐ Delete
NAME **JOHNSON, DELORES T**
STREET ADDRESS **P.O. BOX 12146 OFF US 90 EAST J. RD.**
CITY-ST-ZIP **TALLAHASSEE FL 32317-2146**

TITLE **D** ☒ Delete
NAME **HAYNES-TURNER, EDNA**
STREET ADDRESS **RT. 4 BOX 1735**
CITY-ST-ZIP **MADISON FL 32340**

TITLE **D** ☐ Delete
NAME **CLEMONS, CYNTHIA F**
STREET ADDRESS **4238 LITTLE OSPREY DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **VP** ☒ Delete
NAME **DASSIE, WYLIE J**
STREET ADDRESS **1007 SAYERS RD.**
CITY-ST-ZIP **TALLAHASSEE FL 32310**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **DIANE FRAZEE**
STREET ADDRESS **529 TALL TOP DR.**
CITY-ST-ZIP **TALLAHASSEE, FL 32305**

TITLE **D** ☐ Change ☒ Addition
NAME **FRANNY G. CALDWELL**
STREET ADDRESS **2504 JEFFERSON RD.**
CITY-ST-ZIP **TALLAHASSEE, FL 32317**

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

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

TITLE ☐ Change ☐ Addition
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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-2003 (855) 536-0039

Date: _____ Daytime Phone # _____

CR2E037 (10/02)