

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 31 1998 8:00am
Secretary of State

0001029

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000001735 (6)

1. Corporation Name

NEW VISION CHRISTIAN MINISTRIES INCORPORATED

Principal Place of Business

**1148 DORWINION DR.
JACKSONVILLE FL 32225**

Mailing Address

**1148 DORWINION DR.
JACKSONVILLE FL 32225**

3. Date Incorporated or Qualified

03/28/1997

4. FEI Number

59-3475030

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

**MCCRAGE, RANDALL
1148 DORWINION DR.
JACKSONVILLE FL 32225**

11. Pursuant to the provisions of sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **MCCRAGE, RANDALL**
STREET ADDRESS **1148 DORWINION DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **WILLIAMS, JESSIE L**
STREET ADDRESS **2099 ALLEY RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32233**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **DT** ☐ DELETE
NAME **GREENWADE, BARON**
STREET ADDRESS **12338 MASTIN COVE RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

3.1 TITLE **DT** ☒ Change ☐ Addition
3.2 NAME **GREENWADE, BARON**
3.3 STREET ADDRESS **1700 S. SAN PABLO RD. #613**
3.4 CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE **D** ☐ DELETE
NAME **BROWN, ELGIA**
STREET ADDRESS **800 BONITA RD.**
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **DS** ☐ DELETE
NAME **MCCRAGE, TINA**
STREET ADDRESS **1148 DORWINION DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Randall McCrae

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-20-98

Date

904-221-3989

Daytime Phone #

CR2E037 (5/98)