

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001735

1. Entity Name

NEW VISION CHRISTIAN MINISTRIES INCORPORATED

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90034 018 ****61.25

Principal Place of Business

1148 DORWINION DR.
JACKSONVILLE FL 32225

Mailing Address

1148 DORWINION DR.
JACKSONVILLE FL 32225

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3475030

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCRAE, RANDALL
1148 DORWINION DR.
JACKSONVILLE FL 32225

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS MCCRAE, RANDALL
CITY-ST-ZIP 1148 DORWINION DR.
JACKSONVILLE FL 32225

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

TITLE ☐ Delete
NAME DT
STREET ADDRESS GREENWADE, BARON
CITY-ST-ZIP 1700 S. SAN PABLO RD. #613
JACKSONVILLE FL 32224

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

TITLE ☐ Delete
NAME DS
STREET ADDRESS MCCRAE, TINA
CITY-ST-ZIP 1148 DORWINION DR.
JACKSONVILLE FL 32225

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 of Randall McCrae
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/2001

904-221-3989

Date

Daytime Phone #

CR2E037 (10/00)