

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001735

1. Entity Name

NEW VISION CHRISTIAN MINISTRIES INCORPORATED

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

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

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

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

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

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

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
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED

2/19/02

1-904-221-3989

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90076 045 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)