2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001735

FILED Mar 16, 2004 Secretary of State

Entity Name: NEW VISION CHRISTIAN MINISTRIES INCORPORATED

1148 DORWINION DR. JACKSONVILLE, FL 32225 FEI Number: 59-3475030 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (2) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCCRAE, RANDALL 1148 DORWINION DR. JACKSONVILLE, FL 32225 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date	Current P	rincipal Plac	e of Business:	New Principal Pla	New Principal Place of Business:	
1148 DORWINION DR. JACKSONVILLE, FL 32225 FEI Number: 59-3475030 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: MCCRAE, RANDALL 1148 DORWINION DR JACKSONVILLE, FL 32225 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: Flectronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: Flectronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: Flectronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: Flectronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: Flectronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: Flectronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: Flectronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: Flectronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: Address: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title:			2225			
FEI Number: 59-3475030 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()	Current Mailing Address:			New Mailing Addr	New Mailing Address:	
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1148 DORWINION DR	Name and	Address of	Current Registered Agent:	Name and Addres	s of New Registered Agent:	
in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent	1148 DOR'	WINION DR.	2225 US			
Electronic Signature of Registered Agent			submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,	
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRE Title: D () Delete Title: () Change () Addition Name: MCCRAE, RANDALL Name: Address: 1148 DORWINION DR. Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: WILLIAMS, JESSIE L Name: Address: 2099 ALLEY RD. Address: City-St-Zip: JACKSONVILLE, FL 32233 City-St-Zip: Title: DT () Delete Title: () Change () Addition Name: GREENWADE, BARON Name: Address: 1700 S. SAN PABLO RD. #613 Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: BROWN, ELGIA Name: Address: 800 BONITA RD. Address: City-St-Zip: Address: () Change () Addition Name: BARRON, GREENWADE Name: Address: 2590 AQUARIUS RD	SIGNATUF	RE:				
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	Name: Address:	SIMPSON, TO 7872 GEORG	DMMY IIA JACK DR N	Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RANDALL MCCRAE MR 03/16/2004