

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001735

FILED
Mar 16, 2004
Secretary of State

Entity Name: NEW VISION CHRISTIAN MINISTRIES INCORPORATED

Current Principal Place of Business:

1148 DORWINION DR.
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

1148 DORWINION DR.
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 59-3475030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCCRAE, RANDALL
1148 DORWINION DR.
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCCRAE, RANDALL
Address: 1148 DORWINION DR.
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: WILLIAMS, JESSIE L
Address: 2099 ALLEY RD.
City-St-Zip: JACKSONVILLE, FL 32233

Title: DT () Delete
Name: GREENWADE, BARON
Address: 1700 S. SAN PABLO RD. #613
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: BROWN, ELGIA
Address: 800 BONITA RD.
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: DS () Delete
Name: BARRON, GREENWADE
Address: 2590 AQUARIUS RD
City-St-Zip: ORANGE PARK, FL 32244

Title: D () Delete
Name: SIMPSON, TOMMY
Address: 7872 GEORGIA JACK DR N
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Electronic Signature of Signing Officer or Director

Date