

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90097 044 ****61.25

DOCUMENT # N97000004110

1. Corporation Name

INVISION MINISTRIES, INC.

Principal Place of Business

2874 E. IRLO BRONSON HWY.
KISSIMMEE FL 34777

Mailing Address

PO BOX 701638
ST. CLOUD FL 34770-1638



2. Principal Place of Business

21 1605 Regal Cove Ct.
Suite, Apt. #, etc.

22

City & State

23 Kissimmee FL
Zip Country

24 34744

25 U.S.

2a. Mailing Address

26 1605 Regal Cove Ct.
Suite, Apt. #, etc.

27

City & State

28 Kissimmee, FL
Zip Country

29 34744

30 U.S.

3. Date Incorporated or Qualified

07/18/1997

4. FEI Number

34-1816155

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

9. Name and Address of Current Registered Agent

CAPPS, THOMAS R
2874 E. IRLO BRONSON HWY.
KISSIMMEE FL 34744

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 ☐ DELETE

TITLE D
NAME CAPPS, THOMAS R
STREET ADDRESS 1605 REGAL COVE COURT
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE D ☐ DELETE

NAME SMITH, GARY A
STREET ADDRESS 2001 GRANDA BLVD.
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE D ☐ DELETE

NAME CAPPS, PAMELA J
STREET ADDRESS 1605 REGAL COVE COURT
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE D ☐ DELETE

NAME LINK, MICHAEL DR.
STREET ADDRESS 264 OAKHURST CIRCLE
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 4, 1999

Date

Daytime Phone #

CR2E037 (11/98)

0073409