

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/3

**FILED**  
**Jun 05, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90914 003 \*\*\*\*61.25

**DOCUMENT # N97000004110**

1. Entity Name

**INVISION MINISTRIES, INC.**

Principal Place of Business

Mailing Address

1805 REGAL COVE CT  
 KISSIMMEE FL 34744

1805 REGAL COVE CT  
 KISSIMMEE FL 34744

48037

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-1816155

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

*Tony Capps*  
 (NOTE: Registered Agent Signature required when reinstating)

*4/24/01*  
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	CAPPS, THOMAS R	
STREET ADDRESS	1805 REGAL COVE COURT	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, GARY A	
STREET ADDRESS	2001 GRANDA BLVD.	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAPPS, PAMELA J	
STREET ADDRESS	1805 REGAL COVE COURT	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINK, MICHAEL DR.	
STREET ADDRESS	264 OAKHURST CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)