

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004110

Entity Name: INVISON MINISTRIES, INC.

FILED
Apr 23, 2004
Secretary of State

Current Principal Place of Business:

1605 REGAL COVE CT
KISSIMMEE, FL 34744

New Principal Place of Business:

509 MIRASOL CIRCLE
SUITE 206
CELEBRATION, FL 34747 US

Current Mailing Address:

1605 REGAL COVE CT
KISSIMMEE, FL 34744

New Mailing Address:

PO BOX 542584
MERRITT ISLAND, FL 329542584 US

FEI Number: 34-1816155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPPS, THOMAS R
1605 REGAL COVE COURT
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

CAPPS, THOMAS R
509 MIRASOL CIRCLE
SUITE 206
CELEBRATION, FL 34747 US

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:

04/23/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAPPS, THOMAS R
Address: 1605 REGAL COVE COURT
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: SMITH, GARY A
Address: 2001 GRANDA BLVD.
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: CAPPS, PAMELA J
Address: 1605 REGAL COVE COURT
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: LINK, MICHAEL DR.
Address: 264 OAKHURST CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CAPPS, THOMAS R
Address: 509 MIRASOL CIRCLE STE 206
City-St-Zip: CELEBRATION, FL 34747 US

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

Title: D (X) Change () Addition
Name: CAPPS, PAMELA J
Address: 509 MIRASOL CIRCLE STE 206
City-St-Zip: CELEBRATION, FL 34747

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: THOMAS R. CAPPS

D

04/23/2004

Electronic Signature of Signing Officer or Director

Date