2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N97000004110

Entity Name: INVISION MINISTRIES, INC.

Current Principal Place of Business:

579 CAMPUS ST.
CELEBRATION, FL 34747 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 542584
MERRITT ISLAND, FL 329542584 US

New Mailing Address:

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
579 CAMPUS ST.
CELEBRATION, FL 34747 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:	CAPPS, THOMAS R	
Address:	579 CAMPUS ST.	
City-St-Zip:	CELEBRATION, FL 34747 US	
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:	579 CAMPUS ST.	
City-St-Zip:	CELEBRATION, FL 34747	
Title:	D	( ) Delete
Name:	LINK, MICHAEL DR.	
Address:	264 OAKHURST CIRCLE	
City-St-Zip:	KISSIMMEE, FL 34744	

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:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 04/30/2007
Electronic Signature of Signing Officer or Director — Date