

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004110

Entity Name: INVISION MINISTRIES, INC.

FILED  
Apr 27, 2009  
Secretary of State

## Current Principal Place of Business:

579 CAMPUS ST.  
CELEBRATION, FL 34747 US

## New Principal Place of Business:

816 MYSTIC DR.  
STE 306  
CAPE CANAVERAL, FL 32920 US

## 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:

CAPPS, THOMAS R  
816 MYSTIC DR.  
STE. 306  
CAPE CANAVERAL, FL 32920 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:

04/27/2009

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: D (X) Change ( ) Addition  
Name: CAPPS, THOMAS R  
Address: 816 MYSTIC DR.. STE. 306  
City-St-Zip: CAPE CANAVERAL, FL 32920 US

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

Title: D (X) Change ( ) Addition  
Name: CAPPS, PAMELA J  
Address: 816 MYSTIC DR., STE. 306  
City-St-Zip: CAPE CANAVERAL, FL 32920

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

04/27/2009

Electronic Signature of Signing Officer or Director

Date