

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004747

FILED  
Apr 19, 2012  
Secretary of State

**Entity Name:** NEW VISION MINISTRIES INTERNATIONAL INC.

**Current Principal Place of Business:**

1187 SELMA CHURCH ROAD  
GRACEVILLE, FL 32440 US

**New Principal Place of Business:**

**Current Mailing Address:**

101 LAKEFOREST DRIVE  
DOTHAN, AL 36301 US

**New Mailing Address:**

FEI Number: 72-1344334

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FOWLER, PATTY  
1187 SELMA CHURCH ROAD  
GRACEVILLE, FL 32440 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  
Name: WRIGHT, ARTELMA  
Address: 3262 STATE HIGHWAY 109  
City-St-Zip: DOTHAN, AL 36301 US

Title: V  
Name: FOWLER, PAIGE  
Address: 714 SOUTHWEST 16TH AVENUE APT 103  
City-St-Zip: GAINSVILLE, FL 32601 US

Title: ST  
Name: FOWLER, PATTY  
Address: 101 LAKEFOREST DR  
City-St-Zip: DOTHAN, AL 36301

Title: T  
Name: SHIVER, SARAH  
Address: 802 OVERLOOK DRIVE  
City-St-Zip: DOTHAN, AL 36303

Title: T  
Name: MCCORMICK, TOMMY  
Address: 7120 CAMPFLOWERS ROAD  
City-St-Zip: YOUNGSTOWN, FL 32466 US

Title: T  
Name: SHIVER, GASTON  
Address: 450 TRI-COUNTY RD  
City-St-Zip: GRACEVILLE, FL 32440 US

I hereby 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 all other like empowered.

SIGNATURE: PATTY FOWLER

ST

04/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date