


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N98000003412 | | | | | |
| 1. Corporation Name NEW VISION CHARITIES, INC. | | | | | |
| Principal Place of Business P O BOX 392 EVINSTON FL 32633 | | | Mailing Address P O BOX 392 EVINSTON FL 32633 | | |



| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/10/1998 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-3511597 | |
| 22 | City & State | 27 | City & State | Applied For <input type="checkbox"/> Not Applicable | |
| 23 | Zip | 28 | Zip | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 | Country | 29 | Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |

| | | | | | | | |
|--|--|--|--|--|--|----|----------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| EDWARDS, WILLIAM H RT 2 BOX 367 MICANOPY FL 32667 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | 85 | Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|----------------------|---------------------------------|--|---|---|--|--|
| TITLE | D | <input type="checkbox"/> DELETE | | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | EDWARDS, WILLIAM H | | | 1.2 NAME | | | |
| STREET ADDRESS | RT 2 BOX 367 | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | MICANOPY FL 32667 | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | EDWARDS, MARY F | | | 2.2 NAME | | | |
| STREET ADDRESS | RT 2 BOX 367 | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | MICANOPY FL 32667 | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | DEADERICK, WILLIAM I | | | 3.2 NAME | | | |
| STREET ADDRESS | 20675 11 STREET | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | MCINTOSH FL 32664 | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)