2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004
Secretary of State

DOCUMENT# N98000005616

Entity Name: GAINESVILLE HEALTH MINISTRY VISION GROUP, INCORPORATED

Current Principal Place of Business:

3968 N.W. 25TH CIRCLE
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

3968 N.W. 25TH CIRCLE
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 59-3650342 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAPEER, RUSSELL W
445 N.E. 8TH AVE.
OCALA, FL 34470 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:	CADE, ROBERT M.D.	
Address:	DEPT. OF MEDICINE,UNIV. OF FL HEALTH SCIEN	
City-St-Zip:	GAINESVILLE, FL 32601	
Title:	DV	( ) Delete
Name:	DENNIS, MARY A	
Address:	4039 NEWBERRY RD	
City-St-Zip:	GAINESVILLE, FL 32607	
Title:	DV	( ) Delete
Name:	AKPU, LINDA	
Address:	125 NW 23RD AVE, STE 9	
City-St-Zip:	GAINESVILLE, FL 32609	
Title:	DP	( ) Delete
Name:	LYDA, CLIFF	
Address:	1001 NE 16TH AVE, STE 9	
City-St-Zip:	GAINESVILLE, FL 32609	
Title:	DT	(X) Delete
Name:	VISSCHER, JON	
Address:	1405 NW 13TH ST	
City-St-Zip:	GAINESVILLE, FL 32601	
Title:	DS	(X) Delete
Name:	WIECHMANN, GERALD PH.D	
Address:	3968 NW 25TH CIRCLE	
City-St-Zip:	GAINESVILLE, FL 32606	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DV	(X) Change ( ) Addition
Name:	VOIGHTMAN, JAN	
Address:	2020 NW 24TH AVE.	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	DS/T	(X) Change ( ) Addition
Name:	OLLINGER, L. .	
Address:	8050 HIGHWAY A1A SOUTH	
City-St-Zip:	ST. AUGUSTINE, FL 32080	
Title:	DP	(X) Change ( ) Addition
Name:	WIECHMANN, GERALD H	
Address:	3968 NW 25TH CIRCLE	
City-St-Zip:	GAINESVILLE, FL 32606	
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 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: ROBERT CADE D 08/03/2004

Electronic Signature of Signing Officer or Director — Date