

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001304

1. Entity Name

VISION FOR LIFE MINISTRIES, INC.

FILED

Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90160 022 ****61.25

Principal Place of Business

Mailing Address

38816 CARROLL STREET
UMATILLA FL 32784

PO BOX 1962
UMATILLA FL 32784

2. Principal Place of Business

38708 Church St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

UMATILLA FL

City & State

Zip

32784

Country

LAKE

Zip

32784

Country

4. FEI Number

31-1731961

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BONDS, MARY
17102 BALL PARK RD
UMATILLA FL 32784

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME DRAYTON, ALFRED L SR.
STREET ADDRESS 38603 CHURCH ST
CITY-ST-ZIP UMATILLA FL 32784

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME QUENELL, BONDS
STREET ADDRESS 17102 BALL PARK RD
CITY-ST-ZIP UMATILLA FL 32784

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BONDS, MARY
STREET ADDRESS 17102 BALL PARK RD
CITY-ST-ZIP UMATILLA FL 32784

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME MACDONALD, VICKI
STREET ADDRESS PO BOX 1451
CITY-ST-ZIP LAND O' LAKES FL 34639

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary Bonds
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-2002

Date

352-669-6975

Daytime Phone #

CR2E037 (9/01)