

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-06-2003 90072 044 ****61.25
01-13-2003 90130 040 ****61.25

DOCUMENT # N99000001304

1. Entity Name

Vision For Life Ministries, Inc.

BRASS BASKET YOUTH LEARNING CENTER, INC.

DO NOT WRITE IN THIS SPACE

20005382

2. Principal Place of Business
38603 Church Street

3. Mailing Address
38603 Church Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Umatilla, FL

City & State
Umatilla, FL

4. FEI Number 31-1731961

Applied For
Not Applicable

Zip
32784

Country
USA

Zip
34784

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Alfred Drayton, SR

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

38603 Church Street

City Umatilla

FL Zip Code
32784

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

Alfred Drayton, SR

01/08/03

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Alfred Drayton, SR 38603 Church Street Umatilla, FL 32784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Marvin M Drayton 8650 SW 67th Avenue Miami, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS/T Monikah Drayton 8650 SW 67th Avenue Miami, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vicki MacDonald P.O. Box 1451 Umatilla, FL 32784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEVE MacDonald 10803 Land-o-Lake Blvd Land-o-Lake, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Melissa Thames 10666 Great Falls Ln Tampa, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Alfred Drayton

Alfred Drayton, President

01/08/03

352-669-6358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)