## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P05000106962

1. Entity Name



**FILED** Apr 17, 2008 8:00 am Secretary of State

04-17-2008 90033 042 \*\*\*150.00

VISION CHRISTIAN PROPERTIES INC.				
5513 BRAIT AVENUE		Mailing Address P. O. BOX 350265 JACKSONVILLE, FL 32235-0265 US		
2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04142008 Chg-P CR2E034 (12/06)
City & State		City & State		4. FEI Number Applied For 20-3242914 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
LOOVEEV LARBY LOD			Nam	ame (
LOCKLEY, LARRY & SR. 5513 BRAIT AVENUE JACKSONVILLE, FL 32209-2250			Stree	reet Address (P.O. Box Number is Not Acceptable)
******	hand			
			City	FL Zip Code
8. The above famed 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.				
CICHATION				
SIGNATURE_	Signature, typies or printed name of registered agent	and title 1 applicable. (NO)	FE. Progratered Agent st	nt sign-ature required when reinstating) DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campa Trust Fund Con		\$5.00 May Be Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE HAME STREET ADDAESS* CITY-ST-ZIRES	F.   LOCKLEY, SR., LARRY L REV.   5513 BRAIT AVENUE   JACKSONVILLE, FL 322092250	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	l i
TITLE HAME STREET ADDRESS CITY-ST-ZIP	VP PEARSON, JR., NATHANIEL RR 103 CHERRY POINT DRIVE ST. MARYS, GA 315584824	☐ Delete EV.	TITLE NAME STREET ADDRES CITY-ST-ZIP	44. 44
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JEFFERSON, KURT A REV. 4531 GLEN KERNAN PARKWAY JACKSONVILLE, FL 322245628		, TITLE NAME STREET ADDRE CITY-ST-ZIP	Change Addition
TITLE HAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-2IP	13744 FORUKOFI KDI
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME SIREET ADDRES CITY-ST-ZIP	D Change MAddition  GOODNITE, HWBERT M. REV.  495 DEALS CIR. S.  WOODBINE, GA. 315692835
TITLE NAME STREET ADDRESS GITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-SI-ZIP	TACKSONVILLE, FL. 32218
<ol> <li>12. I hereby i</li> </ol>	certify that the information supplied with	this filing does not qualify f	or the exemption	tions contained in Chapter 119, 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 607, 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: Lationic Leason 1/2 NATH AN IEL PEARSON, TR. 04/15/08 (912) 473-4035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Printed Printe Printed Printe