

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000010297

**Entity Name:** NEW VISIONS MINISTRIES OF FLORIDA, INC**Current Principal Place of Business:**6160 SW HWY 200  
#110  
OCALA, FL 34476**Current Mailing Address:**6160 SW HWY 200  
#110  
OCALA, FL 34476 US**FEI Number:** 20-5735290**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SWAIN, SHONDA  
6160 SW HWY 200  
#110  
OCALA, FL 34476 US*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:** SHONDA SWAIN

03/02/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PASTOR, PRESIDENT  
Name SWAIN, SHONDA  
Address 6160 SW HWY 200  
#110  
City-State-Zip: Ocala FL 34476

Title VP  
Name PEAKS, JEFFREY L  
Address 6314 SW 84TH PLACE ROAD  
City-State-Zip: Ocala FL 34476

Title CORRESPONDING SECRETARY  
Name SWAIN, KYSHONDA M  
Address 6160 SW HWY 200  
#110  
City-State-Zip: Ocala FL 34476

Title OFFICER  
Name HALL, DAMIEN  
Address 6160 SW HWY 200  
#110  
City-State-Zip: Ocala FL 34476

Title OFFICER  
Name BEATTY, DARREN M JR.  
Address 6160 SW HWY 200  
#110  
City-State-Zip: Ocala FL 34476

Title DEACON  
Name TOLSON, WILLIAM  
Address 6160 SW HWY 200  
#110  
City-State-Zip: Ocala FL 34476

Title ASST. SECRETARY  
Name SWAIN, REGINA  
Address 6160 SW HWY 200  
#110  
City-State-Zip: Ocala FL 34476

Title OFFICER  
Name SWAIN, ANGELIQUE  
Address 6160 SW HWY 200  
#110  
City-State-Zip: Ocala FL 34476

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** SHONDA SWAIN

PRESIDENT

03/02/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                         |                 |                         |
|-----------------|-------------------------|-----------------|-------------------------|
| Title           | OFFICER                 | Title           | OFFICER                 |
| Name            | SWAIN, DEANDRE          | Name            | HALL, ALLYE             |
| Address         | 6160 SW HWY 200<br>#110 | Address         | 6160 SW HWY 200<br>#110 |
| City-State-Zip: | Ocala FL 34476          | City-State-Zip: | Ocala FL 34476          |