## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010297

Entity Name: NEW VISIONS MINISTRIES OF FLORIDA, INC

**FILED** Jun 06, 2020 **Secretary of State** 1328282610CC

## **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 06/06/2020

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PASTOR** Title OFFICER, DEACONESS

Name SWAIN, SHONDA Name MARTIN, CARRIE

6160 SW HWY 200 2108 SW 70TH TERRACE Address Address

#110 City-State-Zip: GAINESVILLE FL 32606

City-State-Zip: OCALA FL 34476

CORRESPONDING SECRETARY Title Title VΡ

Name SWAIN, KYSHONDA M Name PEAKS, JEFFREY L

Address 6160 SW HWY 200 Address 6314 SW 84TH PLACE ROAD #110

OCALA FL 34476 City-State-Zip: OCALA FL 34476 City-State-Zip:

Title **OFFICER** Title **OFFICER** 

Name BEATTY, DARREN M JR. Name HALL, DAMIEN

6160 SW HWY 200 Address 6160 SW HWY 200 Address #110 #110

City-State-Zip: OCALA FL 34476 City-State-Zip: OCALA FL 34476

Title **DEACON** 

Name

Address 6160 SW HWY 200

ROWE, FREZELL

#110

City-State-Zip: OCALA FL 34476

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.

06/06/2020 SIGNATURE: SHONDA SWAIN **PASTOR**