

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000004049

**Entity Name:** VISION OF FAITH MINISTRY, INC.

**Current Principal Place of Business:**

8218 GARY CIRCLE  
PENSACOLA, FL 32505

**Current Mailing Address:**

8218 GARY CIRCLE  
PENSACOLA, FL 32505 US

**FEI Number:** 61-1615378

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BUTLER, BARBARA  
8218 GARY CIRCLE  
PENSACOLA, FL 32505 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title	D	Title	DIRECTOR, TREASURER
Name	BUTLER, BARBARA	Name	POLNITZ, SHIRLEY
Address	P. O. BOX 9027	Address	8218 GARY CIRCLE
City-State-Zip:	PENSACOLA FL 32513	City-State-Zip:	PENSACOLA FL 32505

Title	SECRETARY	Title	TRUSTEE
Name	UNGAJI, VANESSA	Name	ADAMS, MICHAEL
Address	8218 GARY CIRCLE	Address	8218 GARY CIRCLE
City-State-Zip:	PENSACOLA FL 32505	City-State-Zip:	PENSACOLA FL 32505

Title	TRUSTEE
Name	CAUSWELL, DIAMOND
Address	8218 GARY CIRCLE
City-State-Zip:	PENSACOLA FL 32505

*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:** BUTLER, BARBARA

**DIRECTOR**

**04/25/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date