

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001751

Entity Name: CHURCHES WITH A VISION, INC**Current Principal Place of Business:**353 BOWMAN TERRACE
PORT CHARLOTTE, FL 33953**Current Mailing Address:**353 BOWMAN TERRACE
PORT CHARLOTTE, FL 33953**FEI Number:** 83-0251385**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARSHMAN, JONATHAN
10163 WINDING RIVER RD
PUNTA GORDA, FL 33950 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	CP
Name	CARROLL, JANE
Address	353 BOWMAN TERRACE
City-State-Zip:	PORT CHARLOTTE FL 33953

Title	D
Name	MARSHMAN, JONATHAN
Address	26320 RAMPART BLVD, APT C
City-State-Zip:	PUNTA GORDA FL 33983

Title	VC
Name	ZALUD, JESSICA
Address	351 BOWMAN TERRACE
City-State-Zip:	PORT CHARLOTTE FL 33953

Title	DT
Name	BENEPE, BARBARA
Address	602 MOUNTAIN SHADOWS BLVD
City-State-Zip:	SHERIDAN WY 82801

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: JANE CARROLL**PRESIDENT****02/22/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date