

N01421686
Date Filed: 8/30/2022
John R. Ashcroft
Missouri Secretary of State

*** SECTION 1, 3 & 4 ARE REQUIRED**

REPORT DUE BY: 8/31/2022

N01421686
VISION BAPTIST CHURCH
SHAWN PARKER
677 JEWEL ROAD
SARCOXIE MO 64862

	ORGANIZED UNDER THE LAWS OF: <u>Missouri</u>
1	PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: * 677 Jewel Rd (Required) STREET _____ SARCOXIE MO 64862-9360 CITY / STATE ZIP

2 If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.

The new registered agent _____

IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.

The new registered office address _____

Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

	OFFICERS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST PRESIDENT AND SECRETARY BELOW</u>	A	BOARD OF DIRECTORS NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST THREE DIRECTORS BELOW</u>	B
3	<u>PRESIDENT</u> Parker, Shawn L STREET 677 Jewel Rd CITY/STATE/ZIP Sarcoxie MO 64862-9360 <u>SECRETARY</u> Parker, Kerri L STREET 677 Jewel Rd CITY/STATE/ZIP Sarcoxie MO 64862-9360 STREET _____ CITY/STATE/ZIP _____ STREET _____ CITY/STATE/ZIP _____		<u>NAME</u> Way, Richard STREET 306 Melody Dr CITY/STATE/ZIP Houma LA 70363-5930 USA <u>NAME</u> Jackson, Kyle STREET 677 Jewel Rd CITY/STATE/ZIP Sarcoxie MO 64862-9360 USA <u>NAME</u> Parker, Shawn STREET 677 Jewel Rd CITY/STATE/ZIP Sarcoxie MO 64862-9360 USA <u>NAME</u> Parker, Kerri STREET 677 Jewel Rd CITY/STATE/ZIP Sarcoxie MO 64862-9360 USA	
NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED				

4 The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable. *

Authorized party or officer sign here	<u>Kerri L Parker</u>	(Required)
Please print name and title of signer:	<u>Kerri L Parker</u> / <u>Secretary</u>	
	NAME TITLE	

REGISTRATION REPORT FEE IS:
 ___\$10.00 If filed on or before 8/31/2022
 ___\$15.00 If filed after 9/30/2022

Corporation will be administratively dissolved if report is not filed by 11/29/2023

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL): _____