

F12000001224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

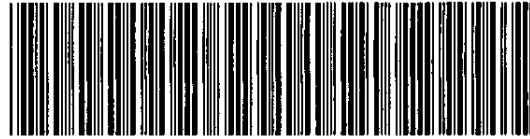
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 MAR 20 PM 3:35
SECRETARY OF STATE
HALLAMSBUILDING
HARRISBURG, PA

1 Burch MAR 21 2012

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Global Vision Citadelle Ministries Inc.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Good Standing" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Yves Prophete
Name of Person

Global Vision Citadelle Ministries
Firm/Company

1949 SW Providence PL
Address

Port Saint Lucie, FL 34953
City/State and Zip Code

yves@gvcm.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yves Prophete at (772) 812-9228
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy



RECEIVED

12 MAR 20 AM 10:15

FLORIDA DEPARTMENT OF STATE
Division of Corporations
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 8, 2012

YVES PROPHETE
1949 SW PROVIDENCE PL
PORT SAINT LUCIE, FL 34953

SUBJECT: GLOBAL VISION CITADELLE MINISTRIES INC
Ref. Number: W12000013523

We have received your document for GLOBAL VISION CITADELLE MINISTRIES INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Regulatory Specialist II

Letter Number: 612A00008854

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Global Vision Citadelle Ministries Inc.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Kansas 3. 01-0717802
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 03/19/2004 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. N/A
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 1949 SW Providence PL, Port Saint Lucie, FL 34953
(Principal office address)
- P.O. Box 880904, Port Saint Lucie, FL 34988
(Current mailing address)

8. For humanitarian and religious purposes supporting churches, schools, orphanages & medic
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Yves Prophete

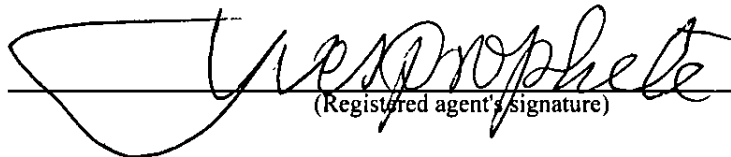
Office Address: 1949 SW Providence PL

Port Saint Lucie, Florida 34953
(City) (Zip Code)

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TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: David Davolt

Address: 6095 North Widgeon Way

Boise, ID 83714

Vice Chairman: Art Tighe

Address: 914 S. Savage Creek Ln

Weatherford, TX 76087

Director: Yves Prophete

Address: 1949 SW Providence PL

Port Saint Lucie, FL 34953

Director: Richard Geisinger

Address: 8 Castle Hill Way

Sewall's Point, FL 34996

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

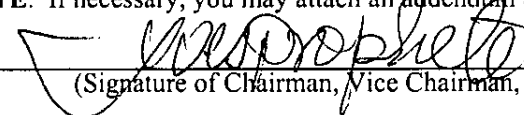
Secretary: Paul Resil

Address: 24 John Berman Dr., Brockton, MA 02302

Treasurer: Paul Resil

Address: 24 John Berman Dr., Brockton, MA 02302

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Yves Prophete; Executive Director _____
(Typed or printed name and capacity of person signing application)

**STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
KRIS W. KOBACH**

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 3607207

Entity Name: GLOBAL VISION CITADELLE MINISTRIES, INC.

Entity Type: DOM:NOT FOR PROFIT CORPORATION

State of Organization: KS

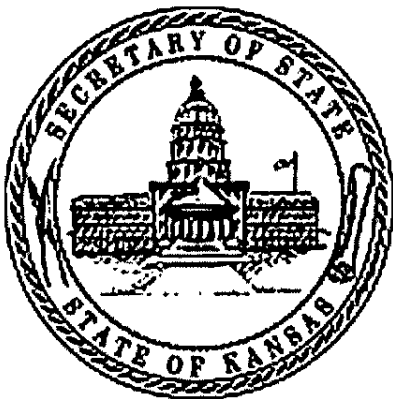
Resident Agent: WAYNE JOHNSON

Registered Office: 2829 SPRING MEADOW CT, WICHITA, KS 67205

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TALLAMON COUNTY MISSOURI

was filed in this office on March 19, 2004, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of March 01, 2012

**KRIS W. KOBACH
SECRETARY OF STATE**

Certificate ID: 495404 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.