

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90080 050 \*\*\*\*66.25



**DOCUMENT # N03000008377**

1. Entity Name  
**FAITH GLOBAL VISION, INC.**

Principal Place of Business      Mailing Address  
**11324 TAFT STREET**      **11324 TAFT STREET**  
**PEMBROKE PINES FL 33026**      **PEMBROKE PINES FL 33026**

2. Principal Place of Business      3. Mailing Address  
**SAME**      **SAME**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Pembroke Pines, Fl**      **Pembroke Pines, Fl.**

Zip      Country      Zip      Country  
**33026**      **Broward**      **33026**      **Broward**

6. Name and Address of Current Registered Agent  
**BLOUIN, GAYNOR C REV**  
**11324 TAFT STREET**  
**PEMBROKE PINES FL 33026**

4. FEI Number      Applied For  
**65-1208001**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when re-registering)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BLOUIN, GAYNOR C	
STREET ADDRESS	11324 TAFT STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	VD	<input type="checkbox"/> Delete
NAME	REED, HOWARD	
STREET ADDRESS	11324 TAFT STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BRAYANT, MARILYN	
STREET ADDRESS	11324 TAFT STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, HOWARD	
STREET ADDRESS	1651 N.E. 172 ST.	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rev Gaynor C Blouin*      *Rev. Gaynor C. Blouin, D.*      3/26/04 954-441-3750  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #



MOORE CR2E037 (11/03)