

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008377

FILED  
Jul 06, 2009  
Secretary of State

Entity Name: FAITH GLOBAL VISION, INC.

**Current Principal Place of Business:**

11324 TAFT STREET  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

11324 TAFT STREET  
PEMBROKE PINES, FL 33026

**New Mailing Address:**

FEI Number: 65-1208001      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

BLOUIN, GAYNOR C REV  
11324 TAFT STREET  
PEMBROKE PINES, FL 33026      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

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: BLOUIN, GAYNOR C  
Address: 11324 TAFT STREET  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VD      ( ) Delete  
Name: REED, HOWARD  
Address: 3805 THE LORDS WAY  
City-St-Zip: NAPLES, FL 34114

Title: STD      ( ) Delete  
Name: BRYANT, MARILYN L  
Address: 11324 TAFT STREET  
City-St-Zip: PEMBROKE PINES, FL 33026

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARILYN L. BRYANT

STD

07/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date