

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009578

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: AMAZON VISION MINISTRIES, INC.

## Current Principal Place of Business:

9805 NW CR 235  
ALACHUA, FL 326156665 US

## New Principal Place of Business:

4128 NW 33RD PL.  
GAINESVILLE, FL 32604 US

## Current Mailing Address:

9805 NW CR 235  
ALACHUA, FL 326156665 US

## New Mailing Address:

PO BOX 358198  
GAINESVILLE, FL 32635 US

FEI Number: 81-0614920

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GEORGE, DEREK R  
9805 NW CR 235  
ALACHUA, FL 326156665 US

## Name and Address of New Registered Agent:

STAFFORD, CHARLES E  
4128 NW 33RD PL.  
GAINESVILLE, FL 32604 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: CHARLES STAFFORD

03/27/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CRAWFORD, GARY  
Address: 9718 SW 19TH AVE  
City-St-Zip: GAINESVILLE, FL 32607

Title: VD ( ) Delete  
Name: FINCHER, JOE  
Address: 4072 NW 37TH TERR  
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete  
Name: GEORGE, DEREK R  
Address: 9805 NW CR 235  
City-St-Zip: ALACHUA, FL 32615

Title: D ( ) Delete  
Name: ROMANS, RICHARD A  
Address: 7525 NW 38TH PLACE  
City-St-Zip: GAINESVILLE, FL 32606

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: STAFFORD, CHARLES E  
Address: 4128 NW 33RD PL.  
City-St-Zip: GAINESVILLE, FL 32604

Title: D (X) Change ( ) Addition  
Name: MEDLIN, DOUGLAS R  
Address: 4501 NW 13TH AVE.  
City-St-Zip: GAINESVILLE, FL 32605

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: CHARLES STAFFORD

COA

03/27/2009

Electronic Signature of Signing Officer or Director

Date