

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000005807

Entity Name: GLOBAL VISION CITADELLE MINISTRIES, INC.**Current Principal Place of Business:**683 SW SEA HOLLY TERRACE
PORT ST LUCIE, FL 34984**Current Mailing Address:**683 SW SEA HOLLY TERRACE
PORT ST LUCIE, FL 34984 US**FEI Number:** 01-0717802**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PAUL R. ALFIERI, P.L.
5114 NW 57TH DR.
CORAL SPRINGS, FL 33067 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**Officer/Director Detail :**

Title PD
Name HITE, GREGORY
Address 683 SW SEA HOLLY TERRACE
City-State-Zip: PORT ST LUCIE FL 34984

Title SD
Name HOLLEY, LEE
Address 683 SW SEA HOLLY TERRACE
City-State-Zip: PORT ST LUCIE FL 34984

Title D
Name ARMSTEAD, WILL
Address 683 SW SEA HOLLY TERRACE
City-State-Zip: PORT ST LUCIE FL 34984

Title D
Name BEAUCHAMP, ROB
Address 683 SW SEA HOLLY TERRACE
City-State-Zip: PORT ST LUCIE FL 34984

Title VPD
Name MISIANO, MATTHEW
Address 683 SW SEA HOLLY TERRACE
City-State-Zip: PORT ST LUCIE FL 34984

Title TD
Name RESIL, PAUL G
Address 683 SW SEA HOLLY TERRACE
City-State-Zip: PORT ST LUCIE FL 34984

Title D
Name DAVOLT, DAVID
Address 683 SW SEA HOLLY TERRACE
City-State-Zip: PORT ST LUCIE FL 34984

Title D
Name THACKER, BRUCE
Address 683 SW SEA HOLLY TERRACE
City-State-Zip: PORT ST LUCIE FL 34984

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: GREGORY HITE**PRESIDENT****01/22/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	D
Name	WINN, CHRIS
Address	683 SW SEA HOLLY TERRACE
City-State-Zip:	PORT ST LUCIE FL 34984