

2019 FOREIGN NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F12000001224

Entity Name: GLOBAL VISION CITADELLE MINISTRIES INC.

Current Principal Place of Business:

683 SW SEA HOLLY TER
PORT ST LUCIE, FL 34984

Current Mailing Address:

PO BOX 880817
PORT ST LUCIE, FL 34988 US

FEI Number: 01-0717802

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PAUL R. ALFIERI, P.L.
2401 W. CYPRESS CREEK ROAD
FT. LAUDERDALE, FL 33309 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: PAUL R. ALFIERI, ESQ.

04/27/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name HITE, GREGORY
Address PO BOX 880817
City-State-Zip: PORT SAINT LUCIE FL 34988

Title TREASURER, DIRECTOR
Name RESIL, PAUL G
Address PO BOX 880817
City-State-Zip: PORT SAINT LUCIE FL 34988

Title VP, DIRECTOR
Name MISIANO, MATTHEW
Address P.O. BOX 880817
City-State-Zip: PORT SAINT LUCIE FL 34988

Title SECRETARY, DIRECTOR
Name HOLLEY, LEE
Address PO BOX 880817
City-State-Zip: PORT ST LUCIE FL 34988

Title DIRECTOR
Name DAVOLT, DAVID
Address PO BOX 880817
City-State-Zip: PORT ST LUCIE FL 34988

Title DIRECTOR
Name THACKER, BRUCE
Address PO BOX 880817
City-State-Zip: PORT ST LUCIE FL 34988

Title DIRECTOR
Name WINN, CHRIS
Address PO BOX 880817
City-State-Zip: PORT ST LUCIE FL 34988

Title DIRECTOR
Name ARMSTEAD, WILL
Address PO BOX 880817
City-State-Zip: PORT ST LUCIE FL 34988

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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

04/27/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR

Name BEAUCHAMP, ROB

Address PO BOX 880817

City-State-Zip: PORT ST LUCIE FL 34988