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: YVES PROPHETE

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail : ΡL

Oncendration Detail.				
Title	P	Title	D	
Name	DAVOLT, DAVID	Name	PROPHETE, YVES	
Address	6095 NORTH WIDGEON WAY	Address	1949 SW PROVIDENCE PL	
City-State-Zip:	BOISE ID 83714	City-State-Zip:	PORT ST LUCIE FL 34953	
Title	S			
Name	RESIL, PAUL G			
Address	599 PLEASANT STREET			
City-State-Zip:	BROCKTON MA 02301			

### 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:

## FEI Number: 01-0717802

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

PROPHETE, YVES 1949 SW PROVIDENCE PL PORT ST LUCIE, FL 34953 US

1949 SW PROVIDENCE PL

# DOCUMENT# F12000001224

Entity Name: GLOBAL VISION CITADELLE MINISTRIES INC.

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

**Current Principal Place of Business:** 

PORT ST LUCIE. FL 34953

## **Current Mailing Address:**

1949 SW PROVIDENCE PL PORT ST LUCIE. FL 34953 US

Certificate of Status Desired: No

01/14/2015 Date

Date

# FILED Jan 14, 2015 Secretary of State CC9315095405

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