

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 841955

1. Entity Name EVANGELICAL FAITH VISION MINISTRIES, INC. /1
INDEPENDENT HOLINESS DELIVERANCE CHURCH, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90160 040 ****61.25

Principal Place of Business Mailing Address
1506 S SLAPPEY BLVD 1506 S SLAPPEY BLVD
PO BOX 4460 PO BOX 4460
ALBANY GA 31706-4460 ALBANY GA 31706-4460

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 58-1383663 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, ISIAH
3318 HIGHLAND AVENUE
FT. MYERS FL 33916

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOWLER, DEACON ROLAND 1406 E TIFT ALBANY GA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, DEACON ROBERT 204 LEXINGTON DR ALBANY GA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REVILLS, ELDER ULLAINEE 1618 MOULTRIE RD ALBANY GA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAWKINS, ANN W. RT 2, BOX 900 NEWTON GA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLLINS, REBECCA D APARTMENT 315, MALONE TOWERS ALBANY GA 31701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REVILLS, APOSTLE ISIAH 1618 MOULTRIE RD ALBANY GA	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HALL, GLADIS Rte. 2 Box 1850 Newton, Ga. 31770	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ann W. Hawkins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ANN W. HAWKINS, Board Secretary

02-18-2000 (912)-436-7707
Date Daytime Phone #

CR2E037 (9/99)

Secretary of State
Corporations Division
Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530

Attachment
C0026361
841955

DOCKET NUMBER : 950820776
CONTROL NUMBER : 8002446
EFFECTIVE DATE : 03/20/1995
REFERENCE : 0045
PRINT DATE : 03/23/1995
FORM NUMBER : 611

WILLIAM D. MOORHEAD, III
314 RESIDENCE AVE.
ALBANY GA 31701

CERTIFICATE OF NAME CHANGE AMENDMENT

I, MAX CLELAND, Secretary of State and the Corporation Commissioner of the State of Georgia, do hereby certify under the seal of my office that

INDEPENDENT HOLINESS DELIVERANCE CHURCH, INC.
A DOMESTIC NONPROFIT CORPORATION

has filed articles of amendment in the office of the Secretary of State changing its name to

EVANGELICAL FAITH VISION MINISTRIES, INC.

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles of amendment.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on the date set forth above.



Max Cleland

MAX CLELAND
SECRETARY OF STATE