

AMENDED
2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED

07 DEC 10 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09132007 Chg-NP CR2E037 (12/06)

DOCUMENT # 841955 1. Entity Name EVANGELICAL FAITH VISION MINISTRIES INC.					
Principal Place of Business 1506 S SLAPPEY BLVD PO BOX 4460 ALBANY, GA 31706-4460			Mailing Address 1506 S SLAPPEY BLVD PO BOX 4460 ALBANY, GA 31706-4460		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 58-1383663			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$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 John H. Williams Street Address (P.O. Box Number is Not Acceptable) 832 W.C. Stafford Street City Titusville FL Zip Code 32780		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>John H. Williams</i></u> DATE <u>9/24/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida 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 31705 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100113405921 12/26/07--01050--010 **\$1.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, DEACON ROBERT 204 LEXINGTON DR ALBANY, GA 31705 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REVILLS, ELDER ULLAINEE 1618 MOULTRIE RD ALBANY, GA 31705 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DAVIS, REVILLS TEE Tee Champion 1220 AUGUSTA DRIVE ALBANY, GA 31707 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HALL, CLADIS Andrea M. Revills RTE 2, BOX 1850 NEWTON, GA 39870 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REVILLS, APOSTLE ISIAH Apostle F.L. Revills 1618 MOULTRIE RD ALBANY, GA 31705 <input type="checkbox"/> Delete		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 exemptions contained 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 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: <u><i>Tee Champion</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>9-14-2007</u> <small>Daytime Phone #</small>		

Felix Revills

12/13