

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 OCT 10 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09102008 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		4. FEI Number 58-1383663	
Zip		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		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, JOHN H 832 W.C. STAFFORD STREET TITUSVILLE, FL 32780				Name Elizabeth Ward Street Address (P.O. Box Number is Not Acceptable) 4410 Detaille Drive City Jacksonville FL 32209	
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 Elizabeth Ward <i>Elizabeth Ward</i> 9-17-2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		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 000136891790 10/14/08--01005--005 **70.00		
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 CHAMPION, TEE 1220 AUGUSTA DRIVE ALBANY, GA 31707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Champion error <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REVILLS, ANDREA M 120 LAUREL DRIVE ALBANY, GA <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 F.L. 120 LAUREL DRIVE ALBANY, GA <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: See Champion 9-17-2008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					