

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004868

FILED
Jan 04, 2007
Secretary of State

Entity Name: GAYLE FORCE VISION, INC.

Current Principal Place of Business:

900 FT. PICKENS RD.
UNIT 963
PENSACOLA BEACH, FL 32561

New Principal Place of Business:

Current Mailing Address:

900 FT. PICKENS RD.
UNIT 963
PENSACOLA BEACH, FL 32561

New Mailing Address:

FEI Number: 65-1215439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUME, GAYLE
900 FT. PICKENS RD.
UNIT 963
PENSACOLA BEACH, FL 32561 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCHR () Delete
Name: CRUME, STEPHEN V
Address: 900 FT. PICKENS RD. UNIT 963
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: VCHR () Delete
Name: STEVENS, ALLYSON
Address: 3150 DERBY RD.
City-St-Zip: COLUMBUS, OH 43221

Title: V () Delete
Name: STEVENS, ALLYSON
Address: 3150 DERBY RD.
City-St-Zip: COLUMBUS, OH 43221

Title: TD () Delete
Name: MCCORD, LINDA
Address: 835 WINGARD ST
City-St-Zip: PRATTVILLE, AL 36066

Title: S () Delete
Name: WIGGINS, HEATHER
Address: 681 GREENBERRY DR.
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: PENNIMAN, JANET
Address: 1058 FT. PICKENS RD.
City-St-Zip: PENSACOLA BEACH, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GAYLE CRUME

RA

01/04/2007

Electronic Signature of Signing Officer or Director

Date