


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90291 006 \*\*\*\*61.25

<b>DOCUMENT # N04000011900</b>					
<b>1. Entity Name</b> GOD'S VISION FOR LIFE MINISTRIES INTERNATIONAL, INCORPORATED					
<b>Principal Place of Business</b> 34511 SMART DR ZEPHYRHILLS, FL 33541			<b>Mailing Address</b> 34511 SMART DR ZEPHYRHILLS, FL 33541		
<b>2. Principal Place of Business</b> 35950 S.R. 54		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Zephyrhills FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-2083635	
<b>Zip</b> 33541		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> KELSIE, STEVEN D 34511 SMART DR ZEPHYRHILLS, FL 33541			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> KELSIE, STEVEN D	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 34511 SMART DR	ZEPHYRHILLS, FL 33541		<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>TITLE</b> VPD	<b>NAME</b> KELSIE, STEVEN D	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 34511 SMART DR	ZEPHYRHILLS, FL 33541		<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>TITLE</b> TD	<b>NAME</b> MILLER, DOROTHY R	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 4106 IMPERIAL PALM DR	LARGO, FL 33771		<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>TITLE</b> ATD	<b>NAME</b> KELSIE, RYAN M	<input type="checkbox"/> Delete	<b>TITLE</b> TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 34511 SMART DR	ZEPHYRHILLS, FL 33541		<b>STREET ADDRESS</b> Kelsie, Ryan 34511 SMART DR	Zephyrhills, FL 33541	
<b>TITLE</b> COBD	<b>NAME</b> FOSTER, DENISE N	<input type="checkbox"/> Delete	<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 4456 E TARPON DR	TAMPA, FL 33617		<b>STREET ADDRESS</b> 5641 Autumnshire Drive	Zephyrhills, FL 33541	
<b>TITLE</b> SD	<b>NAME</b> RENO, KAREN L	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 34612 SMART DR	ZEPHYRHILLS, FL 33541		<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>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.</b>					
<b>SIGNATURE</b> _____			4/20/06 813 888 4884		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		