

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47355

FILED
May 18, 2007
Secretary of State

Entity Name: GLOBAL VISIONS MINISTRIES INTL. INC.

Current Principal Place of Business:

202 RIDGELAND DR.
WARNER ROBBINS, GA 31093

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 7411
WARNER ROBINS, GA 310957411

New Mailing Address:

FEI Number: 58-2003855 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SIMMONS, RANDY E DR.
110 W 32ND COURT
RIVIERA BEACH, FL 33404 US

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: PD () Delete
Name: SIMMONS, RANDY E DR.
Address: 202 RIDGELAND DRIVE
City-St-Zip: WARNER ROBINS, GA 31093

Title: VD () Delete
Name: PARKINSON, OLIVIA
Address: 110 W. 32ND COURT
City-St-Zip: RIVIERA BEACH, FL 33404

Title: SD () Delete
Name: PARKINSON, ELISHA
Address: 110 W. 32ND COURT
City-St-Zip: RIVIERA BEACH, FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: SIMMONS, LISA M
Address: 202 RIDGELAND DR
City-St-Zip: WARNER ROBINS, GA 31093

Title: SD (X) Change () Addition
Name: PARKINSON, OLIVIA
Address: 110 W. 32ND COURT
City-St-Zip: RIVIERA BEACH, FL 33404

I hereby certify that the information supplied with this filing does not qualify 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: DR. RANDY E SIMMONS

PD

05/18/2007

Electronic Signature of Signing Officer or Director

Date