

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002625 (0)

1. Corporation Name

THE GOSPEL VISION BAPTIST MINISTRY, INC.



Principal Place of Business

Mailing Address

1601 N.W. 79TH ST.
MIAMI FL 33147

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MIAMI FL 33147

3. Date Incorporated or Qualified **06/06/1995** 3a. Date of Last Report

21	2. Principal Place of Business	2a. Mailing Address	26	P.O. BOX 232	4. FEI Number	65 0589992	Applied For	
	Suite, Apt. #, etc.			Suite, Apt. #, etc.			Not Applicable	
22		27			5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	28	GOULDS FLORIDA	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	25		29	33170	Country	30	DADE
	Country							
					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

9. Name and Address of Current Registered Agent

**GREER, NARVEL
20251 S.W. 117TH AVE.
MIAMI FL 33177**

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	FL
85	Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREER, NARVELJ	12 NAME	
STREET ADDRESS	20251 S.W. 117TH AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33177	14 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREER, KATHARINA	22 NAME	
STREET ADDRESS	20251 S.W. 117TH AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33177	24 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREER, JEAN	32 NAME	
STREET ADDRESS	21164 S.W. 112TH AVE. BLDG. 3 #202	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33189	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREER, MAURIS	42 NAME	
STREET ADDRESS	21975 S.W. 104TH CT. APT. 108 #202	43 STREET ADDRESS	8260 S.W. 210th ST BLG B APT 218
CITY-ST-ZIP	MIAMI FL 33190	44 CITY-ST-ZIP	MIAMI FL 33189
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Narvell Greer* **REV NARVELL GREER 01-25-96** **1 800 753-0483**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)