

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002284

1. Entity Name

GLOBAL VISION MINISTRIES, INC.

Principal Place of Business

3061 RED FERN RD  
CANTONMENT FL 32533  
US

Mailing Address

3061 RED FERN RD  
CANTONMENT FL 32533  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

DOUGHERTY, GARY T  
3061 RED FERN RD  
CANTONMENT FL 32533

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME HOWELL, CRAIG A  
STREET ADDRESS 1720 DAWSON RD  
CITY-ST-ZIP ALBANY GA 31707

TITLE D ☐ Delete  
NAME DOUGHERTY, GARY  
STREET ADDRESS 3061 RED FERN RD  
CITY-ST-ZIP CANTONMENT FL 32533

TITLE D ☐ Delete  
NAME TEMPLETON, BRIAN  
STREET ADDRESS 12 SHORELINE DR  
CITY-ST-ZIP NEWNAN GA 30263

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Gary D. Dougherty* 5/1/01 850 937 8648

FILED  
May 18, 2001 8:00 am  
Secretary of State

05-18-2001 91245 011 \*\*\*\*61.25

551740



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3507782

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (10/00)