


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2004 8:00 am
Secretary of State

08-19-2004 90055 008 ****61.25

DOCUMENT # N98000002284 1. Entity Name GLOBAL VISION MINISTRIES, INC.			
Principal Place of Business 829 GREENVALE RD THOMASTON, GA 30286 US		Mailing Address 829 GREENVALE RD THOMASTON, GA 30286 US	
2. Principal Place of Business <i>1304 Jasper St.</i>		3. Mailing Address <i>1304 Jasper St.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Cantonment FL</i>		City & State <i>Cantonment FL</i>	
Zip <i>32533</i>		Zip <i>32533</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 59-3507782		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COOK, CHRIS 2339 BRIGHTVIEW PLACE CANTONMENT, FL 32533		7. Name and Address of New Registered Agent Name <i>Gary Dougherty</i> Street Address (P.O. Box Number is Not Acceptable) <i>1304 Jasper St.</i> City <i>Cantonment</i> FL Zip Code <i>32533</i>	
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.			
SIGNATURE <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title, applicable.</small>		Director <i>[Signature]</i> 8/16/04 <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE	
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, CRAIG A 2515 PALMYRA ROAD ALBANY, GA 31707	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOUGHERTY, GARY 829 GREENVALE RD THOMASTON, GA 30286	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEMPLETON, BRIAN 12 SHORELINE DR NEWMAN, GA 30263	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, CHRIS 2339 BRIGHTVIEW PLACE CANTONMENT, FL 32533	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>8/16/04</i> Daytime Phone # <i>850 474-0988</i>	