

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 27 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10252005 REIN-NP CR2E099 (6/04)

DOCUMENT # N98000002284 1. Entity Name GLOBAL VISION MINISTRIES, INC.					
Principal Place of Business 1304 JASPER ST CANTONMENT, FL 32533 US			Mailing Address 1304 JASPER ST CANTONMENT, FL 32533 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3507782	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DOUGHERTY, GARY 1304 JASPER ST CANTONMENT, FL 32533				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE 10/25/05	
SIGNATURE <u>Gary Dougherty</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOUGHERTY, GARY 1304 JASPER ST CANTONMENT, FL 32533	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEMPLETON, BRIAN 12 SHORELINE DR NEWMAN, GA 30263	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
SIGNATURE: <u>[Signature]</u>			Date: 10/25/05 Daytime Phone #: 850 474 0988		

10/31/05