


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000002284</b> 1. Entity Name GLOBAL VISION MINISTRIES, INC.	
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Principal Place of Business 1304 JASPER ST CANTONMENT, FL 32533 US	Mailing Address 1304 JASPER ST CANTONMENT, FL 32533 US
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**DO NOT WRITE IN THIS SPACE**



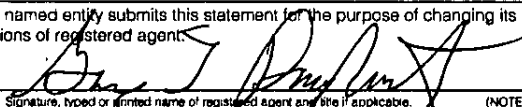
02132007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3507782	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
DOUGHERTY, GARY  
1304 JASPER ST  
CANTONMENT, FL 32533

**DO NOT WRITE IN THIS SPACE**

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:  DATE: 02/12/07

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$81.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

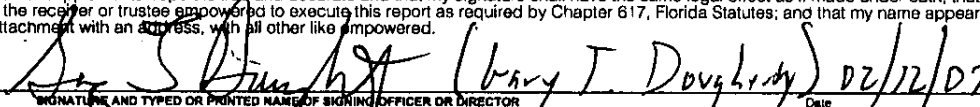
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, CRAIG A 2515 PALMYRA ROAD ALBANY, GA 31707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOUGHERTY, GARY 1304 JASPER ST CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEMPLETON, BRIAN 12 SHORELINE DR NEWNAN, GA 30263
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000633801  
02/28/07-80043-001 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE: 02/12/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #