

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

**FILED**  
**Aug 08, 2008 08:00 AM**  
**Secretary of State**



07242008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
59-3507782

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by September 12, 2008**

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

**10. OFFICERS AND DIRECTORS**

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

11000004957302  
08/08/08-80003-009 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 empowerments.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/08 850 474 0988  
Date Daytime Phone #