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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State
03-03-1999 90057 022 ****61.25

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1. Corporation Name
GLOBAL FAMILY FELLOWSHIP, INC.

Principal Place of Business	Mailing Address
1924 DUNLOE CIRCLE DUNEDIN FL 34698	PO BOX 1948 DUNEDIN FL 34697-948 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 2289 N. HERCULES AVE	26	12/08/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3481082 ☐ Applied For ☐ Not Applicable
City & State 23 CLEARWATER, FL	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 33763 25 USA	Zip / Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PANICO, NICK S 1924 DUNLOE CIRCLE DUNEDIN FL 34698	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME	PANICO, NICK S		1.2 NAME	RICHARD STILIHA	
STREET ADDRESS	1924 DUNLOE CIRCLE		1.3 STREET ADDRESS	7524 DOLONITA DR.	
CITY-ST-ZIP	DUNEDIN FL 34698		1.4 CITY-ST-ZIP	TAMPA, FL 33615	
TITLE	D	☒ DELETE	2.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME	STARRETT, JAMES R		2.2 NAME	ELAINE OTTOMANELLI	
STREET ADDRESS	9927 ALVERNON DR.		2.3 STREET ADDRESS	221 DOLPHIN DR. N.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		2.4 CITY-ST-ZIP	OLDSMAR, FL	
TITLE	D	☒ DELETE	3.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	CHRISTENSEN, RICHARD L		3.2 NAME	TYRUS ADKLER	
STREET ADDRESS	665 CENTERWOOD DR.		3.3 STREET ADDRESS	2816 GLORIA CT.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		3.4 CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE		☐ DELETE	4.1 TITLE	DIRECTORY	☐ Change ☒ Addition
NAME			4.2 NAME	WILLIAM PHILLIPS	
STREET ADDRESS			4.3 STREET ADDRESS	1601 OTTAWA RD	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Nick S. Panico **REQUIRED** X 2-11-99 X 727-733-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #