2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 07, 2002 8:00 am Secretary of State

DOCUMENT # N9700006844 1. Entity Name GLOBAL FAMILY FELLOWSHIP, INC.						Secretary of State 05-07-2002 90222 048 ****70.00				
Principal Pla	ace of Business		Ing Address			-				
2289 N HERCULES AVE PC CLEARWATER FL 33763 DI			PO BOX 1948 DUNEDIN FL 34697-948 US							
Principal Place of Business 3. M			Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. FEI Number 59-348 1082 Applied For Not Applied by]
Zip	Country	Z	ip	Country		5. Certificate of S		\$8.75		1
	6. Name and Address o	f Current Register	ed Agent			7. Name and Add	ress of New Registe	Fee Requ	ired	┨
-				Name	9		obe of their tregiste	and Agent		┧~
PANICO,	NICK S NLOE CIRCLE		Stree	Street Address (P.O. Box Number is Not Acceptable)					┧.	
	FL 34698								1	
		City			FL Zip Code red agent, or both, in the state of Florida.				1	
FILE NOW: FEE IS \$61.25 10. OFFICERS AND DIRECTORS			Trust Fund Contribution.			\$5.00 May Be Added to Fees Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	DP		☐ Delete	TITLE		OUTTOINS/CHANGE	ES TO OFFICERS AND			=
NAME STREET ADDRESS CITY-ST-ZIP	PANICO, NICK S 1924 DUNLOE CIRCLE DUNEDIN FL 34698	<u>D</u>	Durque	NAME STREET ADDRESS CITY-ST-ZIP	Í			Change	☐ Addition	CR2E037 (9/01)
TITLE NAME STREET ADDRESS CITY-SI-ZIP	TD OTTOMANELLI, ELAINE 221 DOLPHIN DR N OLDSMAR FL	D	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO GO II.	corge Stead I a Sweet I w Bet Richey	HON ASMINE DR FL 34655	Mange Change	☐ Addition	S
TITLE NAME STREET ADORESS CITY-ST-ZIP	SD TYENS, BOHLER 2818 GLORIA CT CLEARWATER FL 33761	<u>D</u> .	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST	y. IUHA. Rich		⊠ Change 1003	☐ Addīlion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PHILLIPS, WILLIAM 1601 OTTAWA RD CLEARWATER FL 33756	<u>D</u>	⊠ Delets	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OIS 275	en, Tenney 6 Whitmore 44 ASSEC	- Court =L 32312	💢 Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Oefete	FITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information suppl on this report or supplemental	lied with this file	☐ Delste	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		☐ Change	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

SQUATURE AND TYPED OR PRINTED NAME OF SCHOOL OF OWNERS OF DEPLOYED OR DEPLOYED ON DESCRIPTION OF THE PRINTED OF

3-26 2002

121-133.4600