

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90205 002 ****61.25

DOCUMENT # N03000002613					
1. Entity Name GLOBAL REACH FOUNDATION, INC.					
Principal Place of Business 1010 EAST MEMORIAL BLVD LAKELAND, FL 33801			Mailing Address PO BOX 93498 LAKELAND, FL 33804-3498		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 33-1049996	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WORKMAN, MICHAEL E 500 SOUTH FLORIDA AVENUE SUITE 800 LAKELAND, FL 33801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME MYHRER, BOB STREET ADDRESS 1118 LAKE MIRIAM DR CITY-ST-ZIP LAKELAND, FL 33813	<input type="checkbox"/> Delete		TITLE S NAME Brittany Clark STREET ADDRESS 3578 Raintree Ln CITY-ST-ZIP Lakeland, FL 33803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME ELMORE, JOEL STREET ADDRESS 7767 MERRILY WAY CITY-ST-ZIP LAKELAND, FL 33809	<input type="checkbox"/> Delete		TITLE D NAME Lisa Fink STREET ADDRESS 611 McRorie St. CITY-ST-ZIP Lakeland, FL 33803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME PRAHI, CAROLYN STREET ADDRESS 5133 LAKE IN THE WOODS BLV CITY-ST-ZIP LAKELAND, FL 33813	<input type="checkbox"/> Delete		TITLE D NAME Maggie Lazarre STREET ADDRESS 4935 Maila Lane CITY-ST-ZIP Lakeland, FL 33813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME YOUNG, PHILIP G STREET ADDRESS 1976 VISTA VIEW DRIVE CITY-ST-ZIP LAKELAND, FL 33813	<input type="checkbox"/> Delete		TITLE D NAME Tom Sample STREET ADDRESS 1130 N. Lake Parker Ave #B115 CITY-ST-ZIP Lakeland, FL 33805	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME WOOD, PAM STREET ADDRESS 6437 FOREST WOOD DRIVE WEST CITY-ST-ZIP LAKELAND, FL 33811	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME DENNIS, JAY STREET ADDRESS 1010 EAST MEMORIAL BLVD CITY-ST-ZIP LAKELAND, FL 33801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Brittany Clark</i>			Secretary		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/28/06 863-682-0163 <small>Date Daytime Phone #</small>		