

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000747

**FILED**  
**Jun 17, 2010**  
**Secretary of State**

**Entity Name:** GLOBAL CAPITAL RELIEF OF NE FLORIDA, INC.

**Current Principal Place of Business:**

1820 MONUMENT RD.  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

9570 REGENCY SQUARE BLVD SUITE 4  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

1820 MONUMENT RD.  
JACKSONVILLE, FL 32225

**New Mailing Address:**

9570 REGENCY SQUARE BLVD SUITE 4  
JACKSONVILLE, FL 32225

**FEI Number:** 59-3256752

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOSQUE, JOSE L  
1820 MONUMENT RD.  
JACKSONVILLE, FL 32225 US

**Name and Address of New Registered Agent:**

BOSQUE, JOSE L  
9570 REGENCY SQUARE BLVD SUITE 4  
JACKSONVILLE, FL 32225 US

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.

SIGNATURE: JOSE L BOSQUE

06/17/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BOSQUE, JOSE L  
Address: 9570 REGENCY SQUARE BLVD SUITE 4  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D  
Name: BOSQUE, DULCE M  
Address: 1000 BAISDEN RD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: SD  
Name: REED, JULIA  
Address: 2019 BELVEDERE RD  
City-St-Zip: JACKSONVILLE, FL 32208

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSE L BOSQUE

PRES

06/17/2010

Electronic Signature of Signing Officer or Director

Date