

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000007557

Entity Name: GLOBAL DISEASE FOUNDATION, INC.**Current Principal Place of Business:**7350 FUTURES DRIVE, SUITE 9A
ORLANDO, FL 32819**Current Mailing Address:**7350 FUTURES DRIVE, SUITE 9A
ORLANDO, FL 32819 US**FEI Number: 47-1814330****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**LAL, MILAN
7350 FUTURES DRIVE, SUITE 9A
ORLANDO, FL 32819 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CHAIRMAN
Name	LAL, MILAN
Address	7350 FUTURES DRIVE, SUITE 9A
City-State-Zip:	ORLANDO FL 32819

Title	DIRECTOR
Name	HERNANDEZ, LUIS
Address	7350 FUTURES DRIVE, SUITE 9A
City-State-Zip:	ORLANDO FL 32819

Title	DIRECTOR
Name	FONES, DON
Address	7350 FUTURES DRIVE, SUITE 9A
City-State-Zip:	ORLANDO FL 32819

Title	DIRECTOR
Name	BAHSOUN, RIAD DR.
Address	7350 FUTURES DRIVE, SUITE 9A
City-State-Zip:	ORLANDO FL 32819

Title	DIRECTOR
Name	LECLERC, CAROLINE
Address	7350 FUTURES DRIVE, SUITE 9A
City-State-Zip:	ORLANDO FL 32819

Title	DIRECTOR
Name	O'BRIEN, RAYMOND A
Address	7350 FUTURES DRIVE, SUITE 9A
City-State-Zip:	ORLANDO FL 32819

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: MILAN LAL**CHAIRMAN****03/11/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date