

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728557

FILED
Apr 22, 2009
Secretary of State

Entity Name: GLOBE INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

8590 W HIGHWAY 98
PENSACOLA, FL 32506 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3040
PENSACOLA, FL 32516 US

New Mailing Address:

FEI Number: 23-7453583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GEHMAN, J. DOUGLAS DIRECTO
8590 W HIGHWAY 98
PENSACOLA, FL 32506 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GEHMAN, J. DOUGLAS DIRECTO
Address: 5 PUEBLO DR
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: COLLINS, MICHAEL
Address: 5908 SAUFLEY PINES CT
City-St-Zip: PENSACOLA, FL 32526

Title: V () Delete
Name: WEBB, JERRY
Address: 2782 CREEKWOOD DRIVE
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: KIMBLE, RAY
Address: 403 N 77TH AVENUE
City-St-Zip: PENSACOLA, FL 32506

Title: D () Delete
Name: LIPSCOMB, BUFORD
Address: 16461 INNERARITY POINT RD
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: WEAVER, JIMMY
Address: 14620 PERDIDO KEY DR # 4
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SCOTT BROWN

ADMI

04/22/2009

Electronic Signature of Signing Officer or Director

Date