


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000000730	
1. Entity Name GLOBAL CONNECTIONS FOUNDATION, INC.	

Principal Place of Business 215 E. LIVINGTON ORLANDO, FL 32801	Mailing Address 215 E. LIVINGTON ORLANDO, FL 32801
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DO NOT WRITE IN THIS SPACE



07012004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3622494	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCCLANE, J. BROCK 215 E. LIVINGTON ST. ORLANDO, FL 32801	DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000172171 09/13/04-80002-014 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PRITCHARD, SIBILLE 401 W COLONIAL DR ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HARRIS, MATILDA E 12424 REASEARCH PKWY., STE. 263 ORLANDO, FL 32826
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MCCLANE, J. BROCK 215 E. LIVINGTON ST. ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUMRALL, HAL 717 ALTALOMA AVE., STE A ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BERSTA, JOHN 3010 CAYMAN WAY ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____