2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N00000000730

Entity Name: GLOBAL CONNECTIONS FOUNDATION, INC.

Current Principal Place of Business:

215 E. LIVINGTON
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

215 E. LIVINGTON
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 59-3622494 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCLANE, J. BROCK
215 E. LIVINGTON ST.
ORLANDO, FL 32801 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:	DP	( ) Delete
Name:	PRITCHARD, SIBILLE	
Address:	401 W COLONIAL DR	
City-St-Zip:	ORLANDO, FL 32804	
Title:	D	( ) Delete
Name:	MATTHEWS, DON	
Address:	1200 W. INTERNATIONAL SPEEDWAY BLVD.	
City-St-Zip:	DAYTONA BEACH, FL 32114	
Title:	DT	( ) Delete
Name:	MCCLANE, J. BROCK	
Address:	215 E. LIVINGTON ST.	
City-St-Zip:	ORLANDO, FL 32801	
Title:	D	( ) Delete
Name:	SUMRALL, HAL	
Address:	717 ALTALOMA AVE., STE A	
City-St-Zip:	ORLANDO, FL 32803	
Title:	DC	( ) Delete
Name:	BERSIA, JOHN	
Address:	3010 CAYMAN WAY	
City-St-Zip:	ORLANDO, FL 32812	
Title:	D	( ) Delete
Name:	MOORE, ROBERT	
Address:	1000 HOLT AVENUE	
City-St-Zip:	WINTER PARK, FL 32789	

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: J. BROCK MCCLANE DT 04/30/2009

Electronic Signature of Signing Officer or Director — Date