2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0000001584

1. Entity Name





FILED
Mar 16, 2005 8:00 am
Secretary of State
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03-16-2005 90045 004 ****70.00

INC.	GLOBAL NETWORK OF CH	SIN I CIVIIVI VIALI CINI	S,						
Principal Place of Business 8159 ARLINGTON EXPRESSWAY STE 29 JACKSONVILLE, FL 32211		Mailing Address 8159 Arlington Expressway STE 29 Jacksonville, FL 32211			20041441				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02	222005 Chg-NP	CR2E037	7 (10/03)		
City & State		City & State			FEI Number 59-3628171			optied For ot Applicable	
Zip Country		Zip	Zip Country		Certificate of Status Desired		8.75 Add ee Require		
	6. Name and Address of Current	Registered Agent		7.	Name and Address of New	Registered A	gent		
TOANS C	NADI ES T DD		Name				-		
TRAVIS, CHARLES T DR. 900 UNIVERSITY BLVD., NORTH, #107 JACKSONVILLE, FL 32211			Street A	Street Address (P.O. Box Number is Not Acceptable)					
	٠,		City			FL	Zip Code	e	
	named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office o	registered ag	ent, or both, in the State of	Florida. I am fa	amiliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent aignst	ure required when r	enstering)	DATE			
		9. Election Can Trust Fund C	npaign Financing Contribution.	∐ Adda		Make check lorida Depart	ment of Si	tate	
10.	Due by May 1, 2005 OFFICERS AND DI	Trust Fund C	Contribution.	ADDI1	od to Fees FI	Iorida Depart	ment of SI	tate	
TITLE	OFFICERS AND DI	Trust Fund C	11.	ADDI1	od to Fees FI	Iorida Depart	ment of SI	tate	
TITLE NAME	OFFICERS AND DI VPT LUNSFORD, RAYMOND D	Trust Fund C	11. TITLE NAME	ADDIT	NONS/CHANGES TO OFFICE ONT FREE M ONT ARLINGTON E	CERS AND DIR N 14 1/1 PRPN ESSU	ECTORS IN Change	tate 1 10 Addition \$\frac{1}{2} \text{ 2 9}	
TITLE NAME STREET ADORESS	OFFICERS AND DI VPT LUNSFORD, RAYMOND D 911 SHORE LINE CIR.	Trust Fund C	11. TITLE NAME STREET ADDRESS	ADDIT	NONS/CHANGES TO OFFICE ONT FREE M ONT ARLINGTON E	CERS AND DIR N 14 1/1 PRPN ESSU	ECTORS IN Change	tate 110 Addition \$\frac{1}{2} \text{ 29}	
TITLE NAME STREET ADORESS CITY-ST-ZIP	OFFICERS AND DI VPT LUNSFORD, RAYMOND D 911 SHORE LINE CIR. PONTE VEDRA BEACH, FL 32:	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDIT	NONS/CHANGES TO OFFICE ONT FREE M ONT ARLINGTON E	CERS AND DIR N 14 1/1 PRPN ESSU	ECTORS IN Change	tate 110 Addition \$\frac{1}{2} \text{ 29}	
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TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	OFFICERS AND DI VPT LUNSFORD, RAYMOND D 911 SHORE LINE CIR. PONTE VEDRA BEACH, FL 320	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ADDITION ADD	ions/changes to officent Free Marchangton et annille, FL A Free Marchangton et annille, FL A Free Marchangton et annille, FL	CERS AND DIR CERS	ECTORS IN ECTORS	tate 110 Addition \$\frac{1}{2} \text{ 29}	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DI VPT LUNSFORD, RAYMOND D 911 SHORE LINE CIR. PONTE VEDRA BEACH, FL 320 ST LUNSFORD, BARBARA	Trust Fund C RECTORS Delete 082	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ADDITION ADD	ions/changes to officent Free Marchangton et annille, FL A Free Marchangton et annille, FL A Free Marchangton et annille, FL	CERS AND DIR CERS	ECTORS IN ECTORS	tate 110 Addition \$\frac{1}{2} \text{ 29}	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

904 -743 - 3311

SIGNATURE:

904-743-3311