

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003735

FILED
May 26, 2005
Secretary of State

Entity Name: GLOBAL COMMUNITIES OF SUPPORT, INC.

Current Principal Place of Business:

24 CARSDALE DRIVE
BELLE MEAD, NJ 08502

New Principal Place of Business:

Current Mailing Address:

24 CARSDALE DRIVE
BELLE MEAD, NJ 08502

New Mailing Address:

FEI Number: 65-1149772 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GUARINERI, ANGELA
6210 NW 98TH DRIVE
POMPANO BEACH, FL 33076 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: PMD () Delete
Name: KLEINFELD-HAYES, CYNDY
Address: 24 CARSDALE DRIVE
City-St-Zip: BELLE MEAD, NJ 08502

Title: D () Delete
Name: WHIPPLE, TERESA
Address: 8049 E. SANTA CRUZ AVE
City-St-Zip: ORANGE, CA 92869

Title: D () Delete
Name: REYES, LITA
Address: 3531 21ST ST
City-St-Zip: SAN FRANCISCO, CA 94114

Title: V () Delete
Name: GUARNERI, ANGELA
Address: 6210 NW 98TH DR
City-St-Zip: PARKLAND, FL 33076

Title: D () Delete
Name: HAYES, WADE JR
Address: 60 GLENGARRY CHASE
City-St-Zip: COVINGTON, GA 30014

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CYNDY KLEINFELD-HAYES

PRES

05/26/2005

Electronic Signature of Signing Officer or Director

Date