

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003760

FILED
Apr 15, 2005
Secretary of State

Entity Name: GLOBAL PARTNERSHIP MINISTRIES, INC

Current Principal Place of Business:

7979 RAMONA BLVD WEST
JACKSONVILLE, FL 32221

New Principal Place of Business:

Current Mailing Address:

PO BOX 6724
JACKSONVILLE, FL 32236 67

New Mailing Address:

FEI Number: 59-3719141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLSON, MICHAEL R
5970 OTTER CREEK CT
JACKSONVILLE, FL 32222 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: D () Delete
Name: OLSON, MICHAEL R
Address: 5970 OTTER CREEK CT
City-St-Zip: JACKSONVILLE, FL 32222

Title: D () Delete
Name: MESSER, THOMAS C DR.
Address: 8974 MOSEY ALONG CT.
City-St-Zip: JACKSONVILLE, FL 32221

Title: D () Delete
Name: SHOEMAKER, CHARLES T DR.
Address: 10482 HAMLET TERR
City-St-Zip: JACKSONVILLE, FL 32221

Title: D () Delete
Name: SPRINGER, RICHARD REV.
Address: 6121 COLLINS RD # 201
City-St-Zip: JACKSONVILLE, FL 32244

Title: D () Delete
Name: KELNHOFER, BRUCE REV.
Address: 800 HAMMOND BLVD
City-St-Zip: JACKSONVILLE, FL 32221

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: OLSON, MICHAEL R REV.
Address: 5970 OTTER CREEK CT
City-St-Zip: JACKSONVILLE, FL 32222

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: D () Change (X) Addition
Name: WHITE, DONALD R REV.
Address: 4121 YEARGAN ROAD
City-St-Zip: MURFREESBORO, TN 37128

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: MICHAEL R. OLSON

D

04/15/2005

Electronic Signature of Signing Officer or Director

Date