

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003760

FILED
Feb 02, 2008
Secretary of State

Entity Name: GLOBAL PARTNERSHIP MINISTRIES, INC

Current Principal Place of Business:

5970 OTTER CREEK CT.
JACKSONVILLE, FL 32222

New Principal Place of Business:

556 WHITFIELD RD
JACKSONVILLE, FL 32221

Current Mailing Address:

PO BOX 6724
JACKSONVILLE, FL 32236

New Mailing Address:

556 WHITFIELD RD
JACKSONVILLE, FL 32221

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 REV.
5970 OTTER CREEK CT
JACKSONVILLE, FL 32222 US

Name and Address of New Registered Agent:

BOLAN, JAY D
551 WHITFIELD RD
JACKSONVILLE, FL 32221 US

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: JAY D. BOLAN

02/02/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: O () Delete
Name: OLSON, MICHAEL R REV.
Address: 5970 OTTER CREEK CT
City-St-Zip: JACKSONVILLE, FL 32222 US

Title: O () Delete
Name: BOLAN, JAY D
Address: 556 WHITFIELD RD.
City-St-Zip: JACKSONVILLE, FL 32221 US

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

Title: O () Delete
Name: WHITE, DONALD R REV.
Address: 4121 YEARGAN RD.
City-St-Zip: MURFREESBORO, TN 37128 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: OLSON, MICHAEL R REV.
Address: 20 E. MYERS LN
City-St-Zip: SHELTON, WA 98584 US

Title: O (X) Change () Addition
Name: BOLAN, JAY D MR.
Address: 556 WHITFIELD RD.
City-St-Zip: JACKSONVILLE, FL 32221 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: BURMAN, STEVE REV.
Address: 1302 GEORGE TWEEED BLVD.
City-St-Zip: GRANTS PASS, OR 97527

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: JAY D. BOLAN

MR.

02/02/2008

Electronic Signature of Signing Officer or Director

Date