## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N03000002613**

1. Entity Name GLOBAL REACH FOUNDATION, INC.



FILED Apr 27, 2005 8:00 am Secretary of State

04-27-2005 90298 026 \*\*\*\*70.00

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Principal Place of Business 1010 EAST MEMORIAL BLVD LAKELAND, FL 33801		Mailing Address PO BOX 93498 LAKELAND, FL 33804-3498							
2 Bringing B	those of Dunioses	2 Mailing Address							
2. Principal Place of Business		3. Mailing Address				ORNIO IIDIO EMAI IIDEA II	ILLEY DI HEDI		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252005 Cr	ng-NP CR	R2E037 (10/03)			
City & State		City & State			4. FEI Number 33-104999	6	— <del>                                    </del>	pplied For ot Applicable	
Zip	Country	Zip	Zip Country		5. Certificate of St	atus Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current I	legistered Agent			7. Name and Add	ress of New Regist	ered Agent		
WORKMA	N, MICHAEL E			Name				- 1	
500 SOUT	H FLORIDA AVENUE SUITE 8 D, FL 33801	00	Street Address (			(P.O. Box Number is Not Acceptable)			
	-,								
			Γ	City			FL Zip Cod	е	
8. 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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	:: Registered	Agent signature required	d when renstating)	ſ	DATE		
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Carr Trust Fund C			\$5.00 May Be Added to Fees		check payable to Department of St		
10.	OFFICERS AND DIR		11.	· /	ADDITIONS/CHANGE	ES TO OFFICERS AN	ND DIRECTORS IN	_	
TITLE NAME	CD WORKMAN, MICHAEL	☐ Delete	TITLE NAME	By b	Myhrer Lake Miri		☐ Change	M Addition	
STREET ADDRESS	2318 EASTMEADOWS RD.					am Dr.			
CITY-ST-ZIP	LAKELAND, FL 33813		OTHER	TADDRESS   118	Lake Miri	w. 4211		1	
			CITY-S	TADDRESS III8 ST-ZIP LAK	eland F	33813	3		
TITLE	VD	☐ Delete	CITY-S	si-zip Lak	eland, F	33813	Change	Addition	
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	· -	☐ Delete	CITY-S TITLE NAME	ST-ZIP Lak Joel TADDRESS 176	Eland, Fi Elmore 7 merrily	1 33813 Way		Addition	
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12. I hereby certify that the information supplied with this filling 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.

SIGNATURE: SIGNATURE: SIGNATURE AND THEO OR FRANTIS NAME OF SIGNATURE OF SIGNATURE