


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90029 049 ****61.25

DOCUMENT # N03000003425 1. Entity Name GNB GLOBAL, INC.																																																																																																																																																											
Principal Place of Business 1176 LABELLE STREET JACKSONVILLE FL 32205			Mailing Address 1176 LABELLE STREET JACKSONVILLE FL 32205																																																																																																																																																								
2. Principal Place of Business		3. Mailing Address																																																																																																																																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																									
City & State		City & State		4. FEI Number 20-0234114																																																																																																																																																							
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																							
6. Name and Address of Current Registered Agent POOLE, J RAY 200 W FORSYTH ST STE 1610 JACKSONVILLE FL 32202				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____																																																																																																																																																							
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																																											
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																																							
Make Check Payable to Florida Department of State																																																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 20%; padding: 5px;">TITLE</td> <td style="width: 60%; padding: 5px;"> Exec. Director <input type="checkbox"/> Delete </td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width: 20%; padding: 5px;">TITLE</td> <td style="width: 60%; padding: 5px;"></td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">PATRICK JOYCE</td> <td></td> <td style="padding: 5px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">1176 LABELLE ST.</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">JACKSONVILLE, FL 32205</td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">MIKE RAYJANA <input type="checkbox"/> Delete</td> <td></td> <td style="padding: 5px;">TITLE</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">Director</td> <td></td> <td style="padding: 5px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">KERI GRIFFITH <input type="checkbox"/> Delete</td> <td></td> <td style="padding: 5px;">TITLE</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">Director</td> <td></td> <td style="padding: 5px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">CHARLOTTE AUSTIN <input type="checkbox"/> Delete</td> <td></td> <td style="padding: 5px;">TITLE</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">Director</td> <td></td> <td style="padding: 5px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">TITLE</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td></td> <td></td> <td style="padding: 5px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;"></td> <td></td> <td style="padding: 5px;">TITLE</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td></td> <td></td> <td style="padding: 5px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			TITLE	Exec. Director <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	PATRICK JOYCE		NAME			STREET ADDRESS	1176 LABELLE ST.		STREET ADDRESS			CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP			TITLE	MIKE RAYJANA <input type="checkbox"/> Delete		TITLE			NAME	Director		NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	KERI GRIFFITH <input type="checkbox"/> Delete		TITLE			NAME	Director		NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	CHARLOTTE AUSTIN <input type="checkbox"/> Delete		TITLE			NAME	Director		NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE			TITLE			NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE			TITLE			NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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.																																																																																																																																																											
SIGNATURE: _____ PATRICK JOYCE 1/22/04 904.786.8877 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																											