2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001861

Entity Name: GLOBAL LOCAL OUTREACH INC.

FILED Jan 28, 2005 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
6831 N.W. (MARGATE,	6TH STREET 33063	US	6831 N.W. MARGATE	6TH STREET , FL 33063	US	
Current Mailing Address:			New Mailir	New Mailing Address:		
6831 N.W. MARGATE,	6TH STREET 33063	US	6831 N.W. MARGATE	6TH STREET , FL 33063	US	
FEI Number:	65-1222097	FEI Number Applied For ()	FEI Number Not Appli	cable ()	Certificate of Status Desired (X)	
Name and	Address of C	Current Registered Agent:	Name and	Address of N	lew Registered Agent:	
MARGATE,	TH STREET FL 33063 named entity:	US submits this statement for the purp	oose of changing it	s registered o	ffice or registered agent, or both,	
SIGNATUR						
	Electror	nic Signature of Registered Agent			Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () SYLVESTRE, G 6831 N.W. 6TH MARGATE, FL	STREET	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VP () SYLVESTRE, H 6831 N.W 6TH MARGATE, FL	STREET	Title: Name: Address: City-St-Zip:	CUSICK, DEBO 2080 E. HILLSE		
Title: Name: Address: City-St-Zip:	VP () SYLVESTRE, E 6831 N.W. 6TH MARGATE, FL	STREET	Title: Name: Address: City-St-Zip:	DIMARZIO, MIC 3844 LYONS R		
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	S () FRAZIER, SAR/ 1400 NW 15TH BOCA RATON,	AVE APT.#8	
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	FRIEDBERG, H 2208 S. CYPRE	Change (X) Addition IELENE DR. ESS BEND DR. APT 503 ACH, FL 33069 US	
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	RAMSARAN, RE 10791 NW 5TH		

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: GIBSON SYLVESTRE P 01/28/2005