

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011140

FILED
Apr 30, 2009
Secretary of State

Entity Name: GLORIA DEI FOUNDATION, INC.

Current Principal Place of Business:

C/O FOUNDATION SOURCE
501 SILVERSIDE ROAD, SUITE 123
WILMINGTON, DE 19809

New Principal Place of Business:

Current Mailing Address:

C/O FOUNDATION SOURCE
501 SILVERSIDE ROAD, SUITE 123
WILMINGTON, DE 19809

New Mailing Address:

FEI Number: 20-3723933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CADE, MARTHA
11506 N.W. 129TH TERRACE
ALACHUA, FL 32615 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: CADE, MARTHA
Address: 11506 N.W. 129TH TERR.
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: CADE, MARY
Address: 529 N.W. 58TH STREET
City-St-Zip: GAINESVILLE, FL 32607

Title: D-VP () Delete
Name: MILES, PHOEBE CADE
Address: 3909 HARRISON ST. N.W.
City-St-Zip: WASHINGTON, DC 20015

Title: D-VP () Delete
Name: MORRISON, EMILY
Address: 18 WELLINGTON STREET
City-St-Zip: ARLINGTON, MA 02476

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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-P (X) Change () Addition
Name: MORRISON, EMILY
Address: 18 WELLINGTON STREET
City-St-Zip: ARLINGTON, MA 02476

Title: DST () Change (X) Addition
Name: MORRISON, ROBERT L
Address: 529 NW 58TH STREET
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Change (X) Addition
Name: CADE, R. MICHAEL
Address: 529 NW 58TH STREET
City-St-Zip: GAINESVILLE, FL 32607

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: CHANA SPIELMAN

ADM

04/30/2009

Electronic Signature of Signing Officer or Director

Date