2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007586

FILED Apr 29, 2009 Secretary of State

Entity Name: GLOBAL EVANGELISTIC CENTER, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	ST OAK STREET EE, FL 34741			N STREET E, FL 34741	US	
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX KISSIMME	423517 EE, FL 34742					
El Number	: 30-0298989 FEI Num	ber Applied For()	FEI Number Not App	icable()	Certificate of Status	s Desired (X)
Name and	d Address of Current R	egistered Agent:	Name and	Address of N	lew Registered A	gent:
2080 PINE KISSIMME	E, EVELINA J MRS. E NEEDLE TRAIL EE, FL 34746 US e named entity submits th	is statement for the r	ournose of changing i	ts registered o	office or registered	agent or both
	e of Florida.	is statement for the p	purpose of changing i	is registered t	mice of registered	agent, or both,
SIGNATU	RE:					
SIGNATU		ure of Registered Ag	ent		Date	
		re of Registered Ag		IS/CHANGES	Date TO OFFICERS A	ND DIRECTOR
OFFICER Title: Jame: Address:	Electronic Signatu					ND DIRECTOR
DFFICER Title: Name: Address: Dity-St-Zip: Title: Name: Address: Dity-St-Zip:	Electronic Signatures S AND DIRECTORS: PD () Delete WALLACE, S. ALEXIS 2080 PINE NEEDLE TRAIL		ADDITION Title: Name: Address:	()	TO OFFICERS A	ND DIRECTOR
DFFICER itle: lame: lddress: city-St-Zip: itle: lame: lddress:	Electronic Signatures S AND DIRECTORS: PD () Delete WALLACE, S. ALEXIS 2080 PINE NEEDLE TRAIL KISSIMMEE, FL 34746 VD () Delete WALLACE, EVELINA 2080 PINE NEEDLE TRAIL		ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	TD (X PETIT-FRERE, 1424 DUNN CO	TO OFFICERS AID OF A DEPTH AID OF A	ND DIRECTOR
DFFICER Title: Name: Nddress: Dity-St-Zip: Title: Name: Nddress: Dity-St-Zip: Title: Name: Nddress: Nddress:	Electronic Signatures S AND DIRECTORS: PD () Delete WALLACE, S. ALEXIS 2080 PINE NEEDLE TRAIL KISSIMMEE, FL 34746 VD () Delete WALLACE, EVELINA 2080 PINE NEEDLE TRAIL KISSIMMEE, FL 34746 TD () Delete PETIT-FRERE, ELDA 5542 ARNOLD PALMER DI		ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	TD (X PETIT-FRERE, 1424 DUNN CO APOPKA, FL 3	TO OFFICERS AID OF A DEPTH AID OF A	ND DIRECTOR

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: EVELINA WALLACE VD 04/29/2009