

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001540

FILED
Mar 24, 2009
Secretary of State

Entity Name: GLOBAL LIFE MISSION, INC.

Current Principal Place of Business:

1855 WEST STATE ROAD 434
SUITE #222
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

1855 WEST STATE ROAD 434
SUITE #222
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 33-1173597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANTOS, ROSEMARY A
1855 W. STATE ROAD 434
222
LONGWOOD, FL 32750 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: PD () Delete
Name: STEELE, JOHN L
Address: 710 ARNOLD ST.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TD () Delete
Name: SANTOS, ROSEMARY
Address: 1855 WEST STATE ROAD 434, SUITE #222
City-St-Zip: LONGWOOD, FL 32750

Title: VPD () Delete
Name: STEELE, KATHY J
Address: 710 ARNOLD ST.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: SD () Delete
Name: VERGARA, ARIANA E
Address: 109 STONEHEDGE CT.
City-St-Zip: SANFORD, FL 32771

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: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROSEMARY A. SANTOS

TD

03/24/2009

Electronic Signature of Signing Officer or Director

Date