

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009204

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: GLOBAL HELP FOUNDATION, INC.

## Current Principal Place of Business:

591 6TH ST NE  
NAPLES, FL 34120

## New Principal Place of Business:

## Current Mailing Address:

591 6TH ST NE  
NAPLES, FL 34120

## New Mailing Address:

50 WILSON BLVD. #104  
NAPLES, FL 34120

FEI Number: 26-1153478

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DIAZ, PALLAS N  
591 6TH ST NE  
NAPLES, FL 34120 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: P ( ) Delete  
Name: DIAZ, EFRAIN  
Address: 591 6TH ST NE  
City-St-Zip: NAPLES, FL 34120

Title: VP ( ) Delete  
Name: DIAZ, PALLAS  
Address: 591 6TH ST NE  
City-St-Zip: NAPLES, FL 34120

Title: D ( ) Delete  
Name: LARRISON, YUKO  
Address: 161 11TH ST NW  
City-St-Zip: NAPLES, FL 34120

Title: TREA ( ) Delete  
Name: HOLMES, APRIL  
Address: 848 RUE LABEAU CIR  
City-St-Zip: FORT MYERS, FL 33913

Title: D ( ) Delete  
Name: ROADS, KATE  
Address: 800 MISTY PINE CIR  
City-St-Zip: NAPLES, FL 34109

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

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

Title: D ( ) Change (X) Addition  
Name: CONTRERAS, LUIS  
Address: CORREOS DE NICARAGUA CAJA POSTA 113  
City-St-Zip: SAN JUAN DEL SUR, RI 0 NI

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: PALLAS DIAZ

VP

04/21/2009

Electronic Signature of Signing Officer or Director

Date