

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004248

FILED
Apr 22, 2009
Secretary of State

Entity Name: GLOBAL CHARITABLE FOUNDATION,INC

Current Principal Place of Business:

1315 LORETTO CIR
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

1315 LORETTO CIR
ODESSA, FL 33556

New Mailing Address:

FEI Number: 26-2521541

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THANKAPPAN, UNNIKRISHNAN
1315 LORETTO CIR
ODESSA, FL 33556 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: THANKAPPAN, UNNIKRISHNAN
Address: 1315 LORETTO CIR
City-St-Zip: ODESSA, FL 33556

Title: VP () Delete
Name: KULANGARA, SONY
Address: 311 HARTS OAK PLACE
City-St-Zip: SEFFNER, FL 33584

Title: S () Delete
Name: JOHN, SAJI
Address: 38409 SOUTH AVE.
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: JS () Delete
Name: ILLIKAL, JAMES
Address: 309 CARRIAGE OAK PLACE
City-St-Zip: SEFFNER, FL 33594

Title: T () Delete
Name: GEORGE, VINOY
Address: 3418 SLEEPY HILLOAKS ST.
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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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: UNNI

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date