

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# N08000007010

Entity Name: GLOBAL FAMILY, INC.

Current Principal Place of Business:

428 LIGHTHOUSE LANDING STREET
SATELLITE BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

428 LIGHTHOUSE LANDING STREET
SATELLITE BEACH, FL 32937

New Mailing Address:

FEI Number: 26-3562218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRESE, GARY B
930 S. HARBOR CITY., SUITE 505
MELBOURNE, FL 32901 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: DP () Delete
Name: LORMIER, LAMOTHE P
Address: 428 LIGHTHOUSE LANDING STREET
City-St-Zip: SATELLITE BEACH, FL 32937

Title: V () Delete
Name: MOREY, JONATHAN B
Address: 10780 AMENDA ROAD
City-St-Zip: MAZOMANIE, WI 53560

Title: V () Delete
Name: LOAFMAN, JAMES W
Address: 2005 DATE PALM AVENUE
City-St-Zip: INDIALANTIC, FL 32903

Title: V () Delete
Name: SCHORER, DEBORAH
Address: 101 PARK STREET
City-St-Zip: SYRACUSE, NY 13203

Title: S () Delete
Name: LORMIER, KIM P
Address: 428 LIGHTHOUSE LANDING STREET
City-St-Zip: SATELLITE BEACH, FL 32937

Title: T () Delete
Name: LOAFMAN, MARY ANN
Address: 2005 DATE PALM AVENUE
City-St-Zip: INDIALANTIC, FL 32903

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: () 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: LAMOTHE P LORMIER

D

03/10/2009

Electronic Signature of Signing Officer or Director

Date