2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007958

VPD

BUMPAS, SCOTT

SEACREST, FL 32413

() Delete

8910 EAST COUNTY HWY 30 A

Title:

Name:

Address:

City-St-Zip:

Apr 27, 2009 Secretary of State

Entity Name: GLOBAL EFFECT MINISTRY INC. **Current Principal Place of Business: New Principal Place of Business:** 1227 PROSPECT PROMENADE PANAMA CITY BEACH, FL 32413 **Current Mailing Address: New Mailing Address:** PO BOX 611635 ROSEMARY BEACH, FL 32461 FEI Number: 90-0405968 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STEELMAN, VICKI 1227 PROSPECT PROMENADE PANAMA CITY BEACH, FL 32413 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: CEOD () Delete () Change () Addition STEELMAN, SCOTT Name: Name: 1227 PROSPECT PROMENADE Address: Address: City-St-Zip: PANAMA CITY BEACH, FL 32413 City-St-Zip: Title: PD Title: () Delete () Change () Addition Name: WALKER, PAUL Name: Address: 2170 NE 53 STREET Address: City-St-Zip: FORT LAUDERDALE, FL 33308 City-St-Zip: Title: () Delete Title: () Change () Addition PICKLESIMER, DAVIS Name: Name: 1105 PROSPECT PROMENDADE #104 Address: Address: City-St-Zip: PANAMA CITY BEACH, FL 32413 City-St-Zip: Title: () Delete Title: () Change () Addition Name: STEELMAN, VICKI Name: 114 EAST KINGSTON ROAD Address: Address: City-St-Zip: ROSEMARY BEACH, FL 32461 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SCOTT STEELMAN CEOD 04/27/2009

() Change () Addition