

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000157

FILED
Jul 17, 2007
Secretary of State

Entity Name: GLOBAL MINISTRIES AND RELIEF, INC.

Current Principal Place of Business:

16312 ARMSTRONG PLACE
TAMPA, FL 33647 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 47599
TAMPA, FL 33647 US

New Mailing Address:

FEI Number: 59-3297746 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LEON, VAN ROOYEN
16312 ARMSTRONG PLACE
TAMPA, FL 33647 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:

Title: PD () Delete
Name: VAN ROOYEN, LEON D REV.
Address: 16312 ARMSTRONG PL
City-St-Zip: TAMPA, FL 33647

Title: DS () Delete
Name: SUMMERS, STANLEY
Address: 57 SARAH AVE.
City-St-Zip: SPRINGFIELD, IL

Title: DT () Delete
Name: VAN ROOYEN, BRIDGETTE
Address: 16312 ARMSTRONG PL
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: SUMMERS, ROSANN
Address: 57 SARAH AVE.
City-St-Zip: SPRINGFIELD, IL

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: LEON VAN ROOYEN

PD

07/17/2007

Electronic Signature of Signing Officer or Director

Date