

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003586

FILED
Apr 14, 2009
Secretary of State

Entity Name: GLOBAL OUTREACH TO HUMANITY, INC.

Current Principal Place of Business:

8009 SW 190 ST
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

8009 SW 190 ST
MIAMI, FL 33157

New Mailing Address:

FEI Number: 65-1148318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WADE, VICKI J
8009 SW 190 ST
MIAMI, FL 33157 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: D () Delete
Name: WADE, VICKI J
Address: 8009 SW 190 ST
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: WADE, FRED
Address: 8009 SW 190 ST
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: BREWER, LINDA A
Address: 641 SW 66 AVE
City-St-Zip: MIAMI, FL 33144

Title: D () Delete
Name: LUCAS, BONNIE
Address: 14120 SW 78 AVENUE
City-St-Zip: MIAMI, FL 33158

Title: D () Delete
Name: LUCAS, RICHARD
Address: 14120 SW 78 AVENUE
City-St-Zip: MIAMI, FL 33158

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:

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: VICKI J. WADE

D

04/14/2009

Electronic Signature of Signing Officer or Director

Date