

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000000239

Entity Name: GLOBAL DOULA PROJECT INC.**Current Principal Place of Business:**5115 LA CROIX AVE
BELLE ISLE, FL 32812**Current Mailing Address:**5115 LA CROIX AVE
BELLE ISLE, FL 32812 UN**FEI Number: 87-4456829****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RICE, MICHAEL S
5115 LA CROIX AVE
BELLE ISLE, FL 32812 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**Officer/Director Detail :**

Title	PRESIDENT
Name	RICE, ANNE KATHRYN ED.M.
Address	CORSO EUROPA 1122/4
City-State-Zip:	GENOVA 16148

Title	SECRETARY, TREASURER
Name	DELLEFAVE, ANGELA B.AS.
Address	5115 LA CROIX AVE
City-State-Zip:	BELLE ISLE FL 32812

Title	BORD
Name	ROSE, ZAIDEE B
Address	9 OAK ROAD
City-State-Zip:	MILTON MA 02186

Title	BORD
Name	QUINN, MARYBETH C
Address	33858 CROWN COLONY DR.
City-State-Zip:	AVON OH 44011

Title	BORD
Name	BRITNELL, HEATHER B
Address	1403 CLERMONT DRIVE
City-State-Zip:	HOMEWOOD AL 35209

Title	BORD
Name	CASTELLI, STEPHANIE
Address	VIA STEFANO PRASCA 17/10
City-State-Zip:	GENOVA 16148

I hereby 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 all other like empowered.

SIGNATURE: ANNE KATHRYN RICE**PRESIDENT****02/24/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date