


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90048 031 ****61.25

DOCUMENT # F93000002294 1. Entity Name GLOBAL IMPACT - INTERNATIONAL CHARITIES, INC.					
Principal Place of Business 66 CANAL CENTER PLAZA SUITE 310 ALEXANDRIA, VA 22314			Mailing Address 66 CANAL CENTER PLAZA SUITE 310 ALEXANDRIA, VA 22314		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-1273585	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SULLIVAN, MIKE 17430 DURRANCE ROAD N. FORT MYERS, FL 33917				Name NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 526 E. Park Avenue City Tallahassee	
8. 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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code 32301	
SIGNATURE <i>Sue Brodtmann</i> Signature, typed or printed name of registered agent and title if applicable.		<i>Sue Brodtmann, asst. secretary</i> (NOTE: Registered Agent signature required when reinstating)		DATE 2-23-04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ZUERCHER, DAVID J 525 MARKET ST -25TH FLR SAN FRANCISCO, CA 94105 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRILL, ALBERT 209 WEST FAYETTE STREET BALTIMORE, MD 21201 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO Ristow, Steve 66 Canal Center Plaza, Suite 310 Alexandria, VA 22314 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MURPHY, STEPHANIE 66 CANAL CENTER PLAZA, SUITE 310 ALEXANDRIA, VA 2214 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shelburne, Frances <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS FLEISHMAN, H. KENNETH 7475 WISCONSIN AVE., SUITE 700 BETHESDA, MD 208143417 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BEARDSLEY, JOHN 3904 WILLISTON RD MINNETONKA, MN 55345 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ACOSTA, RENEE S. 66 CANAL CENTER PLAZA, SUITE 310 ALEXANDRIA, VA 22314 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Renee S. Acosta</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

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