

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007499

Entity Name: GLOBAL STAR HUMANITARIAN ACTION, INC**Current Principal Place of Business:**3040 SOUTH MILITARY TRAIL SUITE L & K
LAKE WORTH , FL 33463**Current Mailing Address:**3040 SOUTH MILITARY TRAIL
SUITE L
LAKE WORTH , FL 33463 US**FEI Number:** 80-0236786**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DEPAS, WILSON
2090 RESTON CIRCLE
ROYAL PALM BEACH, FL 33411 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 | PRES |
| Name | DEPAS, WILSON |
| Address | 2090 RESTON CIRCLE |
| City-State-Zip: | ROYAL PALM BEACH FL 33411 |

| | |
|-----------------|---------------------------|
| Title | SEC |
| Name | CHANTAL, DEPAS |
| Address | 2090 RESTON CIRCLE |
| City-State-Zip: | ROYAL PALM BEACH FL 33411 |

| | |
|-----------------|---------------------------|
| Title | AS T |
| Name | MUSSET, JEAN L |
| Address | 7970 MOUNT HOPE DR. |
| City-State-Zip: | COLORADO SPRINGS CO 80924 |

| | |
|-----------------|---------------------------|
| Title | MEMBER |
| Name | DEPAS, MARLCOM B. |
| Address | 2090 RESTON CIRCLE |
| City-State-Zip: | ROYAL PALM BEACH FL 33411 |

| | |
|-----------------|---------------------------|
| Title | VP |
| Name | DEPAS, AHBDJA A. |
| Address | 2090 RESTON CIRCLE |
| City-State-Zip: | ROYAL PALM BEACH FL 33411 |

| | |
|-----------------|--------------------------|
| Title | TREA |
| Name | GABARD, GARRY |
| Address | 5382 BLUEBERRY JILL AVE. |
| City-State-Zip: | LAKE WORTH FL 33463 |

| | |
|-----------------|--------------------------------|
| Title | MEMB |
| Name | JN FRANCOIS, GERALD |
| Address | 3040 SOUTH MILITARY TRAIL L |
| City-State-Zip: | LAKE WORTH FL 33463 |

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: WILSON DEPAS**PRESIDENT****04/30/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date