## 2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002294

Entity Name: GLOBAL IMPACT - INTERNATIONAL CHARITIES, INC.

**FILED** Apr 08, 2015 **Secretary of State** CC1726587096

# **Current Principal Place of Business:**

1199 N. FAIRFAX STREET SUITE 300

ALEXANDRIA, VA 22314

## **Current Mailing Address:**

1199 N. FAIRFAX STREET SUITE 300 ALEXANDRIA, VA 22314 US

FEI Number: 52-1273585 Certificate of Status Desired: No

#### Name and Address of Current Registered Agent:

NRAI SERVICES, INC. 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:

City-State-Zip:

Name

City-State-Zip:

Electronic Signature of Registered Agent

Date

## Officer/Director Detail:

SUITE 300

Title **DIRECTOR** Title **PRESIDENT** 

GRANT. PETER M Name Name JACKSON, SCOTT

Address 1199 N. FAIRFAX STREET Address 1199 N. FAIRFAX STREET

SUITE 300

ALEXANDRIA VA 22314 ALEXANDRIA VA 22314 City-State-Zip: City-State-Zip:

Title DIRECTOR OF FINANCE Title **DIRECTOR** 

MILLIGAN, MARK FLEISHMAN, H. KENNETH Name Name

1199 N. FAIRFAX STREET 1199 N. FAIRFAX STREET Address Address SUITE 300

SUITE 300

ALEXANDRIA VA 22314 City-State-Zip: ALEXANDRIA VA 22314

Title **DIRECTOR** Title **DIRECTOR - CHAIR** 

CRUPI, JOSEPH A POLO, STEVE Name Name

1199 N. FAIRFAX STREET 1199 N. FAIRFAX STREET Address Address

SUITE 300 SUITE 300

City-State-Zip: ALEXANDRIA VA 22314 City-State-Zip: ALEXANDRIA VA 22314

Title **DIRECTOR - VICE CHAIR** Title **DIRECTOR -**

> SECRETARY/TREASURER KELLY, NANCY A

KANUCH, JAMES B Name

1199 N. FAIRFAX STREET Address

1199 N. FAIRFAX STREET Address SUITE 300

SUITE 300

ALEXANDRIA VA 22314 City-State-Zip:

### Continues on page 2

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.

04/08/2015 SIGNATURE: SCOTT JACKSON **PRESIDENT** 

ALEXANDRIA VA 22314

## Officer/Director Detail Continued:

Title DIRECTOR

Name HARRELL, STAN M

Address 1199 N. FAIRFAX STREET

SUITE 300

City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR

Name DJALO, MOUHAMED M.

Address 1199 N. FAIRFAX STREET

SUITE 300

City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR

Name LEWIS, MARYON D

Address 1199 N. FAIRFAX STREET

SUITE 300

City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR

Name TORBAY, RABIH

Address 1199 N. FAIRFAX STREET

SUITE 300

City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR

Name VIVERO, MAURICIO

Address 1199 N. FAIRFAX STREET

SUITE 300

City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR

Name BLOECHL, TIMOTHY

Address 1199 N. FAIRFAX STREET

SUITE 300

City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR

Name JOHNSON, KAREN R

Address 1199 N. FAIRFAX STREET

SUITE 300

City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR
Name WU, DAVID

Address 1199 N. FAIRFAX STREET

SUITE 300

City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR

Name ZELLEM, EDWARD CAPTAIN

Address 1199 N. FAIRFAX STREET

SUITE 300

City-State-Zip: ALEXANDRIA VA 22314