

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                   |                                                                                     |                                                                                        |                                                                                                                                                                         |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # F93000002294</b><br>1. Entity Name<br><b>GLOBAL IMPACT - INTERNATIONAL CHARITIES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                   |                                                                                     |                                                                                        |                                                                                        |  |
| Principal Place of Business<br><b>66 CANAL CENTER PLAZA<br/>SUITE 310<br/>ALEXANDRIA, VA 22314</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                   |                                                                                     | Mailing Address<br><b>66 CANAL CENTER PLAZA<br/>SUITE 310<br/>ALEXANDRIA, VA 22314</b> |                                                                                                                                                                         |  |
| 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<br><b>52-1273585</b>                                                                                                                                      |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                   |                                                                                     |                                                                                        | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                  |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                   |                                                                                     |                                                                                        | 7. Name and Address of New Registered Agent                                                                                                                             |  |
| <b>SULLIVAN, MIKE<br/>17430 DURRANCE ROAD<br/>N. FORT MYERS, FL 33917</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                   |                                                                                     |                                                                                        | Name<br><b>NRAI Services, Inc.</b>                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                   |                                                                                     |                                                                                        | Street Address (P.O. Box Number is Not Acceptable)<br><b>526 E. Park Avenue</b>                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                   |                                                                                     |                                                                                        | City<br><b>Tallahassee</b>                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                   |                                                                                     |                                                                                        | State<br><b>FL</b>                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                   |                                                                                     |                                                                                        | Zip Code<br><b>32301</b>                                                                                                                                                |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                   |                                                                                     |                                                                                        |                                                                                                                                                                         |  |
| SIGNATURE <u>Sue Brodtmann</u> <u>Sue Brodtmann, asst. secretary</u> <u>2-23-04</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                   |                                                                                     |                                                                                        |                                                                                                                                                                         |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                        | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                                                  |  |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                   |                                                                                     |                                                                                        |                                                                                                                                                                         |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                   |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                  |                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>C<br/>ZUERCHER, DAVID J<br/>525 MARKET ST -25TH FLR<br/>SAN FRANCISCO, CA 94105</b> <input type="checkbox"/> Delete            |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D<br/>BRILL, ALBERT<br/>209 WEST FAYETTE STREET<br/>BALTIMORE, MD 21201</b> <input checked="" type="checkbox"/> Delete         |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                         | <b>COO<br/>Ristow, Steve<br/>66 Canal Center Plaza, Suite 310<br/>Alexandria, VA 22314</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>CFO<br/>MURPHY, STEPHANIE<br/>66 CANAL CENTER PLAZA, SUITE 310<br/>ALEXANDRIA, VA 2214</b> <input type="checkbox"/> Delete     |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                         | <b>Shelburne, Frances</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>TS<br/>FLEISHMAN, H. KENNETH<br/>7475 WISCONSIN AVE., SUITE 700<br/>BETHESDA, MD 208143417</b> <input type="checkbox"/> Delete |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>VC<br/>BEARDSLEY, JOHN<br/>3904 WILLISTON RD<br/>MINNETONKA, MN 55345</b> <input type="checkbox"/> Delete                      |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>P<br/>ACOSTA, RENEE S.<br/>66 CANAL CENTER PLAZA, SUITE 310<br/>ALEXANDRIA, VA 22314</b> <input type="checkbox"/> Delete       |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                                                                                                                   |                                                                                     |                                                                                        |                                                                                                                                                                         |  |
| <b>SIGNATURE: <u>Renee S. Acosta</u></b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                   |                                                                                     |                                                                                        |                                                                                                                                                                         |  |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                   |                                                                                     |                                                                                        | Daytime Phone #                                                                                                                                                         |  |

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