
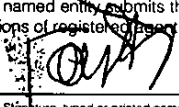
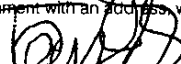


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2008 8:00 am
Secretary of State

08-18-2008 90001 028 ****61.25

DOCUMENT # N07000004485 1. Entity Name GLOBAL IMPACT VOLUNTEER EXPEDITIONS, INC.					
Principal Place of Business 777 SOUTH STATE ROAD 7 MARGATE, FL 33068				Mailing Address 777 SOUTH STATE ROAD 7 MARGATE, FL 33068	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		07222008 Chg-NP CR2E037 (12/06)	
4. FEI Number 20-8996917				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHOOSTER, FRANK M ESQ 777 SOUTH STATE ROAD 7 MARGATE, FL 33068				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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  <div style="display: flex; justify-content: space-between; font-size: small;"> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE </div>					
Filing Fee is \$61.25 Due by September 12, 2008		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHOOSTER, FRANK M		NAME		
STREET ADDRESS	777 SOUTH STATE ROAD 7		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 33068		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHOOSTER, JAY		NAME		
STREET ADDRESS	777 SOUTH STATE ROAD 7		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 33068		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHOOSTER, LAUREN		NAME		
STREET ADDRESS	777 SOUTH STATE ROAD 7		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 33068		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DORNFORD, ADAM		NAME		
STREET ADDRESS	777 SOUTH STATE ROAD 7		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 33068		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAGASER, THOMAS		NAME		
STREET ADDRESS	777 SOUTH STATE ROAD 7		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 33068		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHOOSTER, JASON		NAME		
STREET ADDRESS	777 SOUTH STATE ROAD 7		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 33068		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  FRANK M. SHOOSTER 8/13/08 <div style="display: flex; justify-content: space-between; font-size: x-small;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # </div>					