

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004371

FILED  
Apr 23, 2010  
Secretary of State

**Entity Name:** GLOBAL IMPACT COMMUNITY DEVELOPMENT CORPORATION, INC.

**Current Principal Place of Business:**

109 N. BRUSH ST. SUITE 400  
TAMPA, FL 33602

**New Principal Place of Business:**

201 E. KENNEDY BLVD.  
SUITE 1475  
TAMPA, FL 33602

**Current Mailing Address:**

109 N. BRUSH ST. SUITE 400  
TAMPA, FL 33602

**New Mailing Address:**

P.O. BOX 3298  
TAMPA, FL 33601

**FEI Number:** 27-1167971

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MORRISON, BOB  
109 N. BRUSH ST. SUITE 400  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

MORRISON, BOB  
201 E. KENNEDY BLVD.  
SUITE 1475  
TAMPA, FL 33602 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:

04/23/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BATIE, LAFERN  
Address: 2202 N. WEST SHORE DRIVE, SUITE 200  
City-St-Zip: TAMPA, FL 33607

Title: D  
Name: NORTHINGTON, CAROL  
Address: 10520 CANARY ISLE DRIVE  
City-St-Zip: TAMPA, FL 33647

Title: D  
Name: BUGGS, JACENTHA M.D.  
Address: 8302 RIVER HIGHLANDS PL  
City-St-Zip: TAMPA, FL 33617

Title: D  
Name: WILLIAMS, MARGARET  
Address: 7413 NIGHT HERON DRIVE  
City-St-Zip: LAND O' LAKES, FL 34637

Title: D  
Name: KEY-RAIMER, ELIZABETH  
Address: 201 E. KENNEDY BLVD., SUITE 1475  
City-St-Zip: TAMPA, FL 33602

Title: D  
Name: WILLIAMS, EUGENE  
Address: 7413 NIGHT HERON DRIVE  
City-St-Zip: LAND O' LAKES, FL 34637

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: BOB MORRISON

RA

04/23/2010

Electronic Signature of Signing Officer or Director

Date