

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21362

FILED
Apr 29, 2009
Secretary of State

Entity Name: FLORIDA IMPACT, INC.

Current Principal Place of Business:

1331 EAST LAFAYETTE STREET
SUITE A
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

1331 EAST LAFAYETTE STREET
SUITE A
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-2859151 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUSIE, DEBRA
1331 EAST LAFAYETTE STREET
SUITE A
TALL, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: GUTIERREZ, LIZ
Address: 7454 PALM RIVER ROAD
City-St-Zip: TAMPA, FL 33619

Title: T () Delete
Name: CAMPBELL EVANS, REV CLARKE
Address: 1700 N. MERIDIAN RD.
City-St-Zip: TALLAHASSEE, FL 32303

Title: P (X) Delete
Name: REEVES-LIPSCOMB, DORIS
Address: 3318 SAN PEDRO ST
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: REEVES-LIPSCOMB, DORIS
Address: 3318 SAN PEDRO ST
City-St-Zip: CLEARWATER, FL 33759

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DORIS REEVES-LIPSCOMB

MS.

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date