

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000011755

**Entity Name:** IMPACT CHRISTIAN CENTER, INC.

**Current Principal Place of Business:**

6015 MORROW STREET EAST  
203  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

P.O BOX 2268  
JACKSONVILLE, FL 32223 US

**FEI Number:** 27-4315263

**Certificate of Status Desired:** Yes

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

WILLIAMS, RODERICK A PASTOR  
6015 MORROW STREET EAST  
203  
JACKSONVILLE, FL 32217 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:** RODERICK WILLIAMS

**03/21/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name DAVIS, MELTONYA ELDER  
Address 6015 MORROW STREET EAST  
203  
City-State-Zip: JACKSONVILLE FL 32217

Title V  
Name WILLIAMS, RODERICK  
Address 6015 E MORROW STREET STE 203  
City-State-Zip: JACKSONVILLE FL 32217

Title P  
Name WILLIAMS, TAKETA  
Address 6015 E MORROW STREET STE 203  
City-State-Zip: JACKSONVILLE FL 32217

*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:** MELTONYA DAVIS

**TREASURER**

**03/21/2023**

Electronic Signature of Signing Officer/Director Detail

Date