

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000005994

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

**FILED**  
**Apr 13, 2022**  
**Secretary of State**  
**4061796989CC**

**Current Principal Place of Business:**

9501 ARLINGTON EXPRESSWAY  
SUITE 245B  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

9000 REGENCY SQUARE BOULEVARD  
SUITE 211  
JACKSONVILLE, FL 32211 US

**FEI Number:** 47-1203953

**Certificate of Status Desired:** No

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

JORDAN, RANDALL  
9000 REGENCY SQUARE BOULEVARD  
SUITE 211  
JACKSONVILLE, FL 32211 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           DAVIS, GEORGE  
Address        9000 REGENCY SQUARE  
                  BOULEVARD  
                  SUITE 211  
City-State-Zip: JACKSONVILLE FL 32211

Title           DIRECTOR  
Name           DAVIS, APRIL  
Address        9000 REGENCY SQUARE  
                  BOULEVARD  
                  SUITE 211  
City-State-Zip: JACKSONVILLE FL 32211

Title           DIRECTOR  
Name           BLOUIN, DAVID  
Address        9000 REGENCY SQUARE  
                  BOULEVARD  
                  SUITE 211  
City-State-Zip: JACKSONVILLE FL 32211

Title           DIRECTOR  
Name           KERSEE, MANCH  
Address        9000 REGENCY SQUARE  
                  BOULEVARD  
                  SUITE 211  
City-State-Zip: JACKSONVILLE FL 32211

Title           DIRECTOR  
Name           JORDAN, RANDALL  
Address        9000 REGENCY SQUARE  
                  BOULEVARD  
                  SUITE 211  
City-State-Zip: JACKSONVILLE FL 32211

Title           DIRECTOR  
Name           CASTLE, EDMOND  
Address        9000 REGENCY SQUARE  
                  BOULEVARD  
                  SUITE 211  
City-State-Zip: JACKSONVILLE FL 32211

*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:** RANDALL JORDAN

**DIR**

**04/13/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date