

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

DOCUMENT# N14000005994

**FILED**  
**Feb 02, 2023**  
**Secretary of State**  
**8465824619CC**

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

**Current Principal Place of Business:**

9501 ARLINGTON EXPRESSWAY  
SUITE 245B  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

9501 ARLINGTON EXPRESSWAY  
SUITE 245B  
JACKSONVILLE, FL 32225 US

**FEI Number:** 47-1203953

**Certificate of Status Desired:** No

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

JORDAN, RANDALL  
9501 ARLINGTON EXPRESSWAY  
SUITE 245B  
JACKSONVILLE, FL 32225 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 WILSON, THOMAS  
Address 9000 REGENCY SQUARE BOULEVARD  
SUITE 211  
City-State-Zip: JACKSONVILLE FL 32211

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

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

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

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

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

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*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

**SECRETARY**

**02/02/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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