

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000005787

**Entity Name:** IMPACT 100 SRQ, INC.**Current Principal Place of Business:**4874 COMMONWEALTH DR.  
SARASOTA, FL 34242**Current Mailing Address:**P.O. BOX 49887  
SARASOTA, FL 34230 US**FEI Number:** 82-1754541**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WATT, JANE F  
4874 COMMONWEALTH DR.  
SARASOTA, FL 34242 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            PRESIDENT  
Name            KANDZIORA, PAM  
Address        P.O. BOX 49887  
City-State-Zip: SARASOTA FL 34230

Title            VP  
Name            WINER, SARA  
Address        P.O. BOX 49887  
City-State-Zip: SARASOTA FL 34230

Title            DIRECTOR  
Name            SROKA, BIRGIT  
Address        P.O. BOX 49887  
City-State-Zip: SARASOTA FL 34230

Title            VP  
Name            LISI, GAIL  
Address        P.O. BOX 49887  
City-State-Zip: SARASOTA FL 34230

Title            DIRECTOR  
Name            PLATKIN, NANCY  
Address        P.O. BOX 49887  
City-State-Zip: SARASOTA FL 34230

Title            DIRECTOR  
Name            KEYES, MARILYN  
Address        P.O. BOX 49887  
City-State-Zip: SARASOTA FL 34230

Title            DIRECTOR  
Name            SCALES, ROBERTA  
Address        P.O. BOX 49887  
City-State-Zip: SARASOTA FL 34230

Title            DIRECTOR  
Name            MANDLER, MARIA  
Address        P.O. BOX 49887  
City-State-Zip: SARASOTA FL 34230

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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:** PAMELA A KANDZIORA**PRESIDENT****04/06/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name FOSTER, ELLEN  
Address P.O. BOX 49887  
City-State-Zip: SARASOTA FL 34230

Title DIRECTOR  
Name GRANATIR, BONNIE  
Address 4874 COMMONWEALTH DR.  
City-State-Zip: SARASOTA FL 34242

Title DIRECTOR  
Name STUMP, KAY  
Address 4874 COMMONWEALTH DR.  
City-State-Zip: SARASOTA FL 34242

Title DIRECTOR  
Name LERMAN, SUSAN  
Address 4874 COMMONWEALTH DR.  
City-State-Zip: SARASOTA FL 34242

Title SECRETARY  
Name LIGHT, PATTIE  
Address 4874 COMMONWEALTH DR.  
City-State-Zip: SARASOTA FL 34242

Title DIRECTOR  
Name HOWARD, KELLY  
Address 4874 COMMONWEALTH DR.  
City-State-Zip: SARASOTA FL 34242

Title TREASURER  
Name ZIEGLER, MARY  
Address 4874 COMMONWEALTH DR.  
City-State-Zip: SARASOTA FL 34242

Title DIRECTOR  
Name LAPPIN, STELLA  
Address 4874 COMMONWEALTH DR.  
City-State-Zip: SARASOTA FL 34242