

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

DOCUMENT# N18000012524

**Entity Name:** SERVE TO IMPACT INC.

**Current Principal Place of Business:**

4523 NW 31ST AVE  
OAKLAND PARK, FL 33309

**Current Mailing Address:**

203 NE 49TH CT  
POMPANO BEACH, FL 33064 US

**FEI Number:** 83-2690705

**Certificate of Status Desired:** No

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

DESTINE, PIERRE-CAMY  
203 NE 49TH CT  
POMPANO BEACH, FL 33064 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:** PIERRE-CAMY DESTINE

04/29/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIR  
Name DESTINE, PIERRE-CAMY  
Address 203 NE 49TH CT  
City-State-Zip: POMPANO BEACH FL 33064

Title DIR  
Name LAMOUR, JOEL  
Address 4523 NW 31ST AVE  
City-State-Zip: OAKLAND PARK FL 33309

Title DIR  
Name DESTINE, JOSE-KAFNI  
Address 203 NE 49TH CT  
City-State-Zip: POMPANO BEACH FL 33064

Title DIR  
Name LEGRAND, SALVANT PARISIEN  
Address 1268 STONEHAVEN ESTATES DRIVE  
City-State-Zip: WEST PALM BEACH FL 33411

Title DIRECTOR  
Name PHILIPPE, FRANCOIS  
Address 4523 NW 31ST AVE  
City-State-Zip: OAKLAND PARK FL 33309

Title DIRECTOR  
Name DESTINE, SAINT-PIERRE  
Address 4523 NW 31ST AVE  
City-State-Zip: OAKLAND PARK FL 33309

*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:** PIERRE-CAMY DESTINE

DIR

04/29/2023

Electronic Signature of Signing Officer/Director Detail

Date