

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

DOCUMENT# N20000002333

**Entity Name:** IMPACT OF U INC

**Current Principal Place of Business:**

9129 FITZWALTER RD  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

9129 FITZWALTER RD  
JACKSONVILLE, FL 32208 US

**FEI Number: 84-4937722**

**Certificate of Status Desired: No**

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

ALBERTIE, PATRECE  
9129 FITZWALTER RD  
JACKSONVILLE, FL 32208 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 P  
Name ALBERTIE, PATRECE  
Address 9129 FITZWALTER RD  
City-State-Zip: JACKSONVILLE FL 32208

Title SEC  
Name ALBERTIE, SHATERRELL  
Address 9129 FITZWALTER ROAD  
City-State-Zip: JACKSONVILLE FL 32208

Title TRES  
Name ALBERTIE, FARRAH  
Address 9129 FITZWALTER ROAD  
City-State-Zip: JACKSONVILLE FL 32208

Title VP  
Name FOREMAN, TAMARA  
Address 1267 ADELENA LANE  
City-State-Zip: JACKSONVILLE FL 32221

*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: PATRECE J ALBERTIE**

**PRESIDENT**

**04/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date