

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

DOCUMENT# N22000003809

**Entity Name:** HOLOS IMPACT MINISTRIES INC

**Current Principal Place of Business:**

11564 OAKLAWN RD  
D8  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

11564 OAKLAWN RD  
D8  
JACKSONVILLE, FL 32218 US

**FEI Number:** 88-1805561

**Certificate of Status Desired:** No

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

MARCANO-SIDBERRY, TEBONY A PASTOR  
11564 OAKLAWN RD  
JACKSONVILLE, FL 32218 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 CEO  
Name MARCANO-SIDBERRY, TEBONY A  
Address 11564 OAKLAWN RD  
City-State-Zip: JACKSONVILLE FL 32218

Title COO  
Name MARCANO-SIDBERRY, NATALIE A  
Address 11564 OAKLAWN RD  
City-State-Zip: JACKSONVILLE FL 32218

Title AO  
Name PARKER, TOMIKO S  
Address 12300 HICKORY FOREST RD  
City-State-Zip: JACKSONVILLE FL 32226

Title OPSO  
Name SIMPKINS, HARRY K  
Address 442 W. 46TH ST  
City-State-Zip: JACKSONVILLE FL 32208

*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:** MARCANO-SIDBERRY, TEBONY A

**CEO**

**05/01/2024**

Electronic Signature of Signing Officer/Director Detail

Date