

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

DOCUMENT# N98000002605

**FILED**  
**Apr 15, 2024**  
**Secretary of State**  
**2893714224CC**

**Entity Name:** IMPACT CHURCH OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

9501 ARLINGTON EXPRESSWAY  
SUITE 245A  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

9000 REGENCY SQ BLVD  
SUITE 204  
JACKSONVILLE, FL 32211 US

**FEI Number:** 59-3494560

**Certificate of Status Desired:** No

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

JORDAN, RANDALL K  
9501 ARLINGTON EXPRESSWAY  
SUITE 245A  
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:** RANDALL K. JORDAN

04/15/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name DAVIS, GEORGE L  
Address 9000 REGENCY SQUARE BLVD  
SUITE 211  
City-State-Zip: JACKSONVILLE FL 32211

Title VD  
Name DAVIS, APRIL R  
Address 9000 REGENCY SQUARE BLVD  
SUITE 211  
City-State-Zip: JACKSONVILLE FL 32211

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

Title TRUSTEE  
Name WILSON, THOMAS  
Address 9000 REGENCY SQUARE BLVD  
SUITE 211  
City-State-Zip: JACKSONVILLE FL 32211

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

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

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

Title TRUSTEE  
Name REID, CAROLYN  
Address 9000 REGENCY SQUARE BLVD  
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

**EXECUTIVE DIRECTOR**

04/15/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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