

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745944 (9)

1. Corporation Name

FLORIDA IMPACT, INC.



Principal Place of Business

**837 EAST PARK AVENUE
TALLAHASSEE FL 32301**

Mailing Address

**837 EAST PARK AVENUE
TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified
02/13/1979

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

59-1812699

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUSIE, DEBRA
837 E PARK AVENUE
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DV** ☒ DELETE
NAME **GENTLE, JIMMIE**
STREET ADDRESS **924 MAGNOLIA AVE 248**
CITY-ST-ZIP **ORLANDO FL**

TITLE **DP** ☒ DELETE
NAME **ROSENTHAL, ED**
STREET ADDRESS **2500 NE 135 ST S610**
CITY-ST-ZIP **MIAMI FL**

TITLE **DS** ☒ DELETE
NAME **JONES, FRAN**
STREET ADDRESS **5149 CRESTWOOD RD**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DV** ☒ Change ☐ Addition
1.2 NAME **Luckner Millien**
1.3 STREET ADDRESS **815 S. Park Avenue**
1.4 CITY-ST-ZIP **Apopka FL 32703**

2.1 TITLE **DP** ☒ Change ☐ Addition
2.2 NAME **Agnes Stephens**
2.3 STREET ADDRESS **P.O. Box 2714**
2.4 CITY-ST-ZIP **Bartow FL 33830**

3.1 TITLE **DS** ☒ Change ☐ Addition
3.2 NAME **Lola Guss**
3.3 STREET ADDRESS **15424 Betty's Court**
3.4 CITY-ST-ZIP **Tavares FL 32778**

4.1 TITLE **DT** ☐ Change ☒ Addition
4.2 NAME **Kenn Hochstetler**
4.3 STREET ADDRESS **2408 Grassroots Way**
4.4 CITY-ST-ZIP **Tallahassee FL 32311**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kenn Hochstetler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96
Date

891-8279
Daytime Phone

CR2E037 (12/95)