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FILED

Feb 26 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 745944 (9)

1. Corporation Name

FLORIDA IMPACT, INC.

Principal Place of Business

Mailing Address

837 EAST PARK AVENUE  
TALLAHASSEE FL 32301

837 EAST PARK AVENUE  
TALLAHASSEE FL 32301-2620

3. Date Incorporated or Qualified  
02/13/1979

3a. Date of Last Report  
04/15/1996

2. Principal Place of Business

2a. Mailing Address

21 345 S. Magnolia Dr.

26 345 S. Magnolia Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 E17

27 E17

City & State

City & State

23 Tallahassee FL

28 Tallahassee FL

Zip

Country

Zip

Country

24 32301

25 USA

29 32301

30 USA

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV ☐ DELETE

NAME LUCKNER, MILLIEN  
STREET ADDRESS 815 S PARK AVE  
CITY-ST-ZIP APOPKA FL

1.1 TITLE ☐ Change ☐ Addition

TITLE DP ☐ DELETE

NAME AGNES, STEPHENS  
STREET ADDRESS PO BOX 2714 N/A  
CITY-ST-ZIP BARTOW FL

1.2 NAME ☐ Change ☐ Addition

TITLE DS ☐ DELETE

NAME GUSS, LOLA  
STREET ADDRESS 15424 BETTYS CT  
CITY-ST-ZIP TAVARES FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE DT ☐ DELETE

NAME HOCHSTETLER, KENN  
STREET ADDRESS 2408 GRASSROOTS WAY  
CITY-ST-ZIP TALLAHASSEE FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Debra A. Susie, Executive director 2/7/97 904-309-1488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0007863

CR2E037 (9/96)