

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747821

FILED
Jan 11, 2008
Secretary of State

Entity Name: IMPACT FOR DEVELOPMENTAL EDUCATION, INC.

Current Principal Place of Business:

2231-A MCGREGOR BLVD.
FORT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 51319
FORT MYERS, FL 33994 US

New Mailing Address:

FEI Number: 59-1935415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BEEHLER, KATHY S
1597 WINSTON RD
FORT MYERS, FL 33917 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EDENFIELD, RONALD M
Address: 7381 MONARCH LANE
City-St-Zip: FORT MYERS, FL 33912

Title: T () Delete
Name: SCHLEICHER, DONALD
Address: 10451 MCGREGOR BLVD.
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: SMITHWICK, PATRICIA
Address: 5418 HARBOUR CASTLE DRIVE
City-St-Zip: FORT MYERS, FL 33907

Title: D () Delete
Name: MANNING, JOHN
Address: 4315 METRO PARKWAY, SUITE 520
City-St-Zip: FORT MYERS, FL 33916

Title: D () Delete
Name: FERGUSON, TIM
Address: 2161 SHADOWLAWN DRIVE
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: SHERIDAN, DELORES
Address: 1124 SE 32ND STREET
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KATHY S. BEEHLER

MS

01/11/2008

Electronic Signature of Signing Officer or Director

Date