

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747821

FILED
Jan 03, 2012
Secretary of State

Entity Name: IMPACT FOR DEVELOPMENTAL EDUCATION, INC.

Current Principal Place of Business:

1650 MEDICAL LANE
#4
FORT MYERS, FL 33907 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
Name: EDENFIELD, RONALD M
Address: 7381 MONARCH LANE
City-St-Zip: FORT MYERS, FL 33912

Title: D
Name: WIMBUSH, BOB
Address: 285 CUARTO LN
City-St-Zip: FORT MYERS, FL 33908

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

Title: D
Name: RYFA, VICTOR
Address: 1910 SE 15TH TERR
City-St-Zip: CAPE CORAL, FL 33990

Title: D
Name: FERGUSON, TIM
Address: 15960 VETERANS MEMORIAL BLVD
City-St-Zip: NAPLES, FL 34110

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

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: KATHY S BEEHLER

MS

01/03/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date