

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90074 018 ****70.00

DOCUMENT # N03000001870 1. Entity Name IMPACT N.O.W., INC.			
Principal Place of Business 1735 N.W. 121ST STREET MIAMI, FL 33167		Mailing Address 1735 N.W. 121ST STREET MIAMI, FL 33167	
2. Principal Place of Business 706 NW 4 AVE		3. Mailing Address P.O. BOX 510389	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33136		Zip 33151-0389	
Country USA		Country USA	
4. FEI Number 83-0359497		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CUTLER, CAROL 1735 N.W. 121ST STREET MIAMI, FL 33167		7. Name and Address of New Registered Agent Name Cutler, Carol Street Address (P.O. Box Number is Not Acceptable) 3484 FOXCROFT RD #305 City MIRAMAR FL 33025	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Carol Cutler</i></u> Carol Cutler <u><i>4/1/4</i></u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUTLER, ANTHONY S SR. 1735 N.W. 121ST STREET MIAMI, FL 33167	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRIDGETT WILLIAMS SMITH 16101 NW 18 CT OPA-LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CUTLER, CAROL 1735 N.W. 121ST STREET MIAMI, FL 33167	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CUTLER, ANTAVIA 15770 N.W. 57TH PLACE OPA-LOCKA, FL 33054	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CUTLER, ANTAVIA 15770 NW 27TH PL OPA-LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOODS, KEENAN 1417 N.W. 95TH STREET MIAMI, FL 33147	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOODS, KEENAN 6420 SW 23 ST MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORLEY, SHEREE 20521 N.W. 24TH COURT CAROL CITY, FL 33056	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BYRD, SHEREE 20521 NW 24TH CT CAROL CITY, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, DUANE 6270 N.W. 199TH LANE HIALEAH, FL 33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Sheree Byrd</i></u> Sheree Byrd		Date <u><i>4-1-4</i></u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	