

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001631

FILED
Apr 18, 2009
Secretary of State

Entity Name: IMPACT-ONE FOUNDATION, INC.

Current Principal Place of Business:

2759 SILVER RIDGE DR
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1548
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 06-1769235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEAN, BERTHONY
P. O BOX 1548
ORLANDO, FL 32802 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: DP () Delete
Name: JEAN, BERTHONY
Address: 828 W. WASHINGTON ST APT 24
City-St-Zip: ORLANDO, FL 32805

Title: DVP () Delete
Name: RAOUL, PIERRE LOUIS
Address: 828 W WASHINGTON ST APT 24
City-St-Zip: ORLANDO, FL 32805

Title: DS () Delete
Name: ISIDOR, EDRICE
Address: 2759 SILVER RIDGE DR
City-St-Zip: ORLANDO, FL 32818

Title: DT () Delete
Name: DELICES, JACQUES
Address: 223 DOLLINS AVE DR
City-St-Zip: ORLANDO, FL 32085

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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
Name:
Address:
City-St-Zip:

Title: DP () Change (X) Addition
Name: CAROL, BRUTUS
Address: 223 N DOLLINS AVE
City-St-Zip: ORLANDO, FL 32805

Title: SEC () Change (X) Addition
Name: NADINE, MARCELIN
Address: P.O BOX 1548
City-St-Zip: ORLANDO, FL 32802

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: BERTHONY JEAN

DP

04/18/2009

Electronic Signature of Signing Officer or Director

Date