

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001631

FILED  
Apr 30, 2012  
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:**

1604 ST LAWRENCE ST  
ORLANDO, FL 32818

**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  
**Name:** JEAN, BERTHONY  
**Address:** 828 W. WASHINGTON ST APT 24  
**City-St-Zip:** ORLANDO, FL 32805

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

**Title:** SEC  
**Name:** ISIDOR, EDRICE  
**Address:** 2759 SILVER RIDGE DR  
**City-St-Zip:** ORLANDO, FL 32818

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

**Title:** DP  
**Name:** CAROL, BRUTUS  
**Address:** 223 N DOLLINS AVE  
**City-St-Zip:** ORLANDO, FL 32805

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:** BERTHONY J

DP

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date