# N0900001929

(Requestor's Name)		
(Address)		
(6.14)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(,,		
(Document Number)		
Certified Copies Certificates of Status		
My		
Special Instructions to Filing Officer:		
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SECRETARY OF STATE

12 4-19-10



### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 4, 2011

CHRISTOPHER A. WICKS IMPACT FOR SUCCESS P O BOX 1529 LEHIGH, FL 33970

SUBJECT: I.M.P.A.C.T FOR SUCCESS INC

Ref. Number: N09000001929

We have received your document for I.M.P.A.C.T FOR SUCCESS INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Christopher Wicks must sign document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 811A00008117

Payment has been previously received in the amount of \$35, in the form of a check payable from Impact for Success; due to filling out Amendment paperwork for a "For Profit" company. Paperwork was dated and mailed in on March 30, 2011.

**Christopher Wicks** 

President, Impact for Success

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: I.M.PA.C.T. fo	or Success Inc.	·
DOCUMENT NUM	ивек: <u>N09000001929</u>	· · · · · · · · · · · · · · · · · · ·	
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	***************************************	pher A. Wicks	
,	(Name o	f Contact Person)	
	Impac	et for Success	
_ 世紀	(Firm	n/ Company) .	
7 5 4 5 5	P.O	. Box 1592	
<b>五</b> 5世 —	(	Address)	
PR 15	Lehiah A	.cres, FL 33970	
出		ate and Zip Code)	
·		pactforsuccess.org	
	E-mail address: (to be use	ed for future annual report notific	ation)
For further informat	ion concerning this matter, pleas	se call:	,
Christopher A. V	/icks	<sub>at (</sub> 832 <sub>)</sub> 813-933	38
<del> </del>	e of Contact Person)		me Telephone Number)
Enclosed is a check	for the following amount made	payable to the Florida Departmen	at of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center	ons

Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation**

FILED SECRETARY OF STA

I.M.P.A.C.T. for Suc	cess INCLAHASSE	E. FLORIDA
(Name of Corporation as currently filed with	the Florida Dept. of Stat	<u>e</u> )
N09000001929		
(Document Number of Corporat	ion (if known)	
ursuant to the provisions of section 617.1006, Florida Statutes are following amendment(s) to its Articles of Incorporation:	1	ofit Corporation ad
. If amending name, enter the new name of the corporation	<u>n:</u>	
he new name must be distinguishable and contain the word bbreviation "Corp." or "Inc." <u>"Company" or "Co." may no</u>		rporated" or the
Enter new principal office address, if applicable:	809 Rondelan Circle	
Principal office address <u>MUST BE A STREET ADDRESS</u> )	Fort Myers, FL 33913	
•		
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 1592	
	Lehigh Acres, FL 33	970
. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade		r the name of the
Name of New Registered Agent:	andolon Cirolo	•
	809 Rondelan Circle (Florida street address)	
Fort Myers		, Florida 33913
<u></u>	(City)	(Zip Code)
	,	
ew Registered 'Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am osition.		the obligations o

Signature of New Registered Agent, if changing

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>T</u>	Jonathan D. Nunn	164 S.E. 3rd Terrace Cape Coral, FL 33990	_ □ Add □ Remove
SVP_	George A. Damisch	1947 S.E. 32nd St. Cape Coral, FL 33904	_ □ Add _ ☑ Remove
<u>s</u>	Eric T. Strong	270 Tads Trail Oldsmar Tampa, FL 34677	_ ☐ Add ☐ Remove
(attach add	ng or adding additional Articles, enter of itional sheets, if necessary). (Be specified or ganized exclusions)	ic)	s. educational.
	ic purposes under section 501(c)(3		
	ate new and innovative programs t		
youth towar	ds becoming community and busir	ness leaders.	} .
-			)
Article IX: \	Jpon the dissolution of this organiz	ation, assets shall be distribu	uted for one or
more exemp	ot purposes within the meaning of	sections 501(c)(3) of the Inte	rnal Revenue
Code.			
	,		
		•	

#### **Amending Directors**

Title:

**EVP** 

Name:

Brian A. Wicks Sr.

Address:

1245 8th Ave. South

South St. Paul, MN 55075

Type of Action: Remove

Title:

Treasurer

Name:

Brian A. Wicks Sr.

Address:

1245 8th Ave. South

South St. Paul, MN 55075

Type of Action: Add

Title:

Secretary

Name:

Torrisha S. Wicks

Address:

809 Rondelan Circle,

Ft. Myers, FL 33913

Type of Action: Add

The date of each amendmen	(s) adoption: 4/11/2011		
Effective date <u>if applicable</u> :	(date of adoption is required)		
	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.		
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.		
Dated_4/11	/2011		
	1.18		
Signature	(h.TwT)		
	the chairman or vice chairman of the board, president or other officer-if directors		
· •	e not been selected, by an incorporator - if in the hands of a receiver, trustee, o		
othe	er court appointed fiduciary by that fiduciary)		
	•		
,	Christopher Wicks		
	(Typed or printed name of person signing)		
•	President		
	(Title of person signing)		