

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009078

FILED  
Feb 07, 2012  
Secretary of State

**Entity Name:** SHELTON QUARLES' IMPACT FOUNDATION, INC.

**Current Principal Place of Business:**

405 S DALE MABRY HWY #104  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

405 S DALE MABRY HWY #104  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 27-0974009

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

F&L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 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:** PD  
**Name:** QUARLES, SHELTON  
**Address:** 17019 CANDELEDA DE AVILA  
**City-St-Zip:** TAMPA, FL 33613

**Title:** VPD  
**Name:** HYER, RAYMOND  
**Address:** 4161 EAST 7TH AVE  
**City-St-Zip:** TAMPA, FL 33605

**Title:** D  
**Name:** WIEBE, TOM  
**Address:** 306 EAST OAK AVE  
**City-St-Zip:** TAMPA, FL 33602

**Title:** D  
**Name:** TAGGART, TODD  
**Address:** 17907 BIMINI ISLE CT  
**City-St-Zip:** TAMPA, FL 33647

**Title:** STD  
**Name:** FERRIOLO, BILLY  
**Address:** 14733 WATERCHASE BLVD  
**City-St-Zip:** TAMPA, FL 33262

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:** SHELTON QUARLES

PRES

02/07/2012

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

\_\_\_\_\_  
Date