

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21362

Entity Name: FLORIDA IMPACT, INC.

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

1331 EAST LAFAYETTE STREET  
SUITE A  
TALLAHASSEE, FL 32301 US

## New Principal Place of Business:

## Current Mailing Address:

1331 EAST LAFAYETTE STREET  
SUITE A  
TALLAHASSEE, FL 32301 US

## New Mailing Address:

FEI Number: 59-2859151

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SUSIE, DEBRA  
1331 EAST LAFAYETTE STREET  
SUITE A  
TALL, FL 32301 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: S ( ) Delete  
Name: GUTIERREZ, LIZ  
Address: 7454 PALM RIVER ROAD  
City-St-Zip: TAMPA, FL 33619  
  
Title: T ( ) Delete  
Name: CAMPBELL EVANS, REV CLARKE  
Address: 1700 N. MERIDIAN RD.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: P (X) Delete  
Name: REEVES-LIPSCOMB, DORIS  
Address: 3318 SAN PEDRO ST  
City-St-Zip: CLEARWATER, FL 33759

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: REEVES-LIPSCOMB, DORIS  
Address: 3318 SAN PEDRO ST  
City-St-Zip: CLEARWATER, FL 33759

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DORIS REEVES-LIPSCOMB

MS.

04/29/2009

Electronic Signature of Signing Officer or Director

Date