FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 20 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005227 (4)

1. Corporation Name
I.M.P.A.C.T. INSTITUTE, INC.

Principal Place of Business	Mailing Address
2701 WEST OAKLAND PK BLVD. #100 OAKLAND PARK FL 33312 US	2701 WEST OAKLAND PK BLVD #100 OAKLAND PARK FL 33312 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/1993
3a. Date of Last Report: 06/13/1994
4. FEI Number: 65-0449563 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 4200 N.W. 16th Street	26 4200 N.W. 16th Street
Suite, Apt. #, etc. 22 #303	Suite, Apt. #, etc. 27 #303
City & State 23 Lauderhill, Florida	City & State 28 Lauderhill, Florida
Zip / Country 24 33313 25 USA	Zip / Country 29 33313 30 USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.002, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALEXANDER, WILLIE 3661 W OAKLAND APRK BLVD LAUDERDALE LAKES FL 33311	81 Name: Rosemarie Phillips 82 Street Address (P.O. Box Number is Not Acceptable): 5508 White Oak Circle 83 84 City: Tamarac FL 85 Zip Code: 33319

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Rosemarie Phillips — Rosemarie Phillips — 4/17/95
(Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	PHILLIPS, ROSEMARIE	12 NAME	
STREET ADDRESS	5550 NW 44TH ST, #503	13 STREET ADDRESS	5508 White Oak Circle
CITY ST ZIP	LAUDERHILL FL	14 CITY ST ZIP	Tamarac, Florida 33319
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	MCCALLA, MICHAEL	22 NAME	VD
STREET ADDRESS	4340 NW 6 CT	23 STREET ADDRESS	Rosemarie Phillips 5508 White Oak Circle
CITY ST ZIP	PLANTATION FL 33317	24 CITY ST ZIP	Tamarac, Florida 33319
TITLE	STD	31 TITLE	☒ Change ☐ Addition
NAME	PHILLIPS, ROSEMARIE	32 NAME	
STREET ADDRESS	5550 NW 44TH ST, #503	33 STREET ADDRESS	5508 White Oak Circle
CITY ST ZIP	LAUDERHILL FL	34 CITY ST ZIP	Tamarac, Florida 33319
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rosemarie Phillips — Rosemarie Phillips 4/17/95-305-484-2924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000057