

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000003801

1. Entity Name
VISION IMPACT, CDC., INC.



Principal Place of Business
**34705 CATTAIL DR.
EUSTIS, FL 32736**

Maining Address
**34705 CATTAIL DR.
EUSTIS, FL 32736**



04122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 59-3590901	Added For Not Added
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BENTON, KEVIN
34705 CATTAIL DR.
EUSTIS, FL 32736**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature is valid only if signed by the individual named in the signature line. If the signature is not signed by the individual named in the signature line, the signature is invalid.

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BENTON, KEVIN
STREET ADDRESS	34705 CATTAIL DR.
CITY ST ZIP	EUSTIS, FL 32736
TITLE	SD
NAME	BENTON, GWENDOLYN
STREET ADDRESS	34705 CATTAIL DR.
CITY ST ZIP	EUSTIS, FL 32736
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

000000316567
04/19/05-80081-006 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as I 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 10 or Block 11 if changed, or on an attachment with an address with a power of attorney.

SIGNATURE: Kevin D. Benton Kevin D. Benton 4/14/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR