

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732665

**FILED**  
**Jan 28, 2014**  
**Secretary of State**  
**CC5754397294**

**Entity Name:** VOLUNTEERS FOR COMMUNITY IMPACT INCORPORATED

**Current Principal Place of Business:**

3545 LAKE BREEZE DRIVE  
ORLANDO, FL 32808

**Current Mailing Address:**

3545 LAKE BREEZE DRIVE  
ORLANDO, FL 32808 US

**FEI Number:** 59-1626348

**Certificate of Status Desired:** No

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

BRIDGER, ROB  
407 MAIN TRAIL  
ORMOND BEACH, FL 32174 US

*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

**Officer/Director Detail :**

Title PD  
Name BRIDGER, ROB  
Address 407 MAIN TRAIL  
City-State-Zip: ORMOND BEACH FL 32174

Title VPD  
Name GELLER, PAULETTE  
Address 545 BROOKSIDE CIR  
City-State-Zip: MAITLAND FL 32751

Title S  
Name CORSI, NINA  
Address 495 N. KELLER RD., STE. 200  
City-State-Zip: MAITLAND FL 32751

Title EXECUTIVE DIRECTOR  
Name FOREMAN, RICHARD  
Address 3545 LAKE BREEZE DRIVE  
City-State-Zip: ORLANDO FL 32808

*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:** RICHARD FOREMAN

**EXECUTIVE DIRECTOR**

**01/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date