2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2019
Secretary of State
3209399587CC

DOCUMENT# 732665

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:

JACOBS, HUE H.
3545 LAKE BREEZE DR.
ORLANDO
FLORIDA, FL 32808 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: HUE JACOBS 04/26/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	BOARD CHAIR
Name	JOHNSON, OREE
Address	7057 COUPERIN BLVD.
City-State-Zip:	ORLANDO FL 32818

Title	TREASURER
Name	BESKOVOYNE, BOB
Address	8924 PUERTO DEL RIO DR.
City-State-Zip:	CAPE CANAVERAL FL 32920

Title	VC
Name	DELAUGHTER, GAY
Address	COMMUNITY COORDINATED CARE FOR CHILDREN 3500 W. COLONIAL DRIVE ORLANDO
City-State-Zip:	FL FL 32808

Title	DIRECTOR
Name	PORRAS, VICTOR H
Address	420 S. ORANGE AVE.
City-State-Zip:	ORLANDO FL 32801

Title	SECRETARY
Name	CAMPTON, THEVENIN J
Address	255 SOUTH ORANGE AVE. STE. 1300
City-State-Zip:	ORLANDO FL 32801

Title	EXECUTIVE DIRECTOR
Name	JACOBS, HUE
Address	3545 LAKE BREEZE DR.
City-State-Zip:	ORLANDO FL 32808

Title	DIRECTOR
Name	ABRAHAMS, ELOISE
Address	2500 W. CHURCH STREET
City-State-Zip:	ORLANDO FL 32805-2399

Title	DIERCTOR
Name	MERONE, PRADELY H
Address	110 S. WOODLAND STREET
City-State-Zip:	WINTER GARDEN FL 34787

Continues on page 2

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: HUE JACOBS EXECUTIVE DIRECTOR 04/26/2019

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	ZACKERY, CHERYL
Address	330 E. CENTRAL BLVD.
City-State-Zip:	ORLANDO FL 32801