DEERFIELD BE	ACH, FL 33441			
Current Mai	ling Address:			
	ONARDO CIRCLE I LUCIE, FL 34986 US			
FEI Number: 27-1370717 Certificate of Status De			ired: No	
Name and Address of Current Registered Agent:				
1201 NW LEON				
1201 NW LEON PORT SAINT LI	IARDO CIRCLE	tered office or regis	tered agent, or both, in the State of Flo	rida.
1201 NW LEON PORT SAINT LI	IARDO CIRCLE JCIE, FL 34986 US	tered office or regis	tered agent, or both, in the State of Flo	^{rida.} 04/10/2020
1201 NW LEON PORT SAINT LI	IARDO CIRCLE UCIE, FL 34986 US I entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Flo	
1201 NW LEON PORT SAINT LI	ARDO CIRCLE UCIE, FL 34986 US d entity submits this statement for the purpose of changing its regis E: VICTORIA GONDER Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of Flo	04/10/2020
1201 NW LEON PORT SAINT LI The above named SIGNATURE	ARDO CIRCLE UCIE, FL 34986 US d entity submits this statement for the purpose of changing its regis E: VICTORIA GONDER Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of Flo	04/10/2020
1201 NW LEON PORT SAINT LI The above named SIGNATURE	ARDO CIRCLE UCIE, FL 34986 US d entity submits this statement for the purpose of changing its regis : VICTORIA GONDER Electronic Signature of Registered Agent ctor Detail :			04/10/2020
1201 NW LEON PORT SAINT LI The above named SIGNATURE Officer/Dired Title	ARDO CIRCLE UCIE, FL 34986 US d entity submits this statement for the purpose of changing its regis : VICTORIA GONDER Electronic Signature of Registered Agent Ctor Detail : PRESIDENT	Title	VP	04/10/2020

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: THE IMPACT CENTER OF BROWARD COUNTY INC.

DOCUMENT# N09000011353

77 NW 5TH STREET

Current Principal Place of Business:

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.

VP

SIGNATURE: VICTORIA GONDER

Electronic Signature of Signing Officer/Director Detail

FILED Apr 10, 2020

Secretary of State

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