

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000002131

Entity Name: IMPACT CENTER OF GRACEVILLE, INC.

Current Principal Place of Business:

3006 NEW HOPE ROAD
MARIANNA, FL 32448

Current Mailing Address:

P.O. BOX 5954
MARIANNA, FL 32447 US

FEI Number: 27-5385606

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PICKETT, SHERRY
2023 COACHMAN DRIVE
CHIPLEY, FL 32428 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 PRESIDENT
Name PICKETT, MARK
Address 2023 COACHMAN DRIVE
City-State-Zip: CHIPLEY FL 32428

Title TREASURER
Name JONES, GLORIA
Address 1198 SANDERS AVE, APT #8
City-State-Zip: GRACEVILLE FL 32440

Title DIRECTOR
Name MCDANIEL, DONALD
Address 74 DEERFIELD COURT
 APT. 402
City-State-Zip: DALEVILLE AL 36322

Title DIRECTOR
Name WASHINGTON, JIMMY
Address 110 LEILA DRIVE
City-State-Zip: DOTHAN AL 36301

Title DIRECTOR
Name JACKSON, DORETHA
Address 2009 MORNING DOVE ROAD
City-State-Zip: TALLAHASSEE FL 32312

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: MARK PICKETT

PRESIDENT

01/26/2017

Electronic Signature of Signing Officer/Director Detail

Date