2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2016
Secretary of State
CC2335578410

DOCUMENT# N11000002131

Entity Name: IMPACT CENTER OF GRACEVILLE, INC.

Current Principal Place of Business:

2059 HWY 177
BONIFAY, FL 32425

Current Mailing Address:

P.O. BOX 482
GRACEVILLE, FL 32440 US

FEI Number: 27-5385606

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PICKETT, SHERRY
859 WHITE AVE.
GRACEVILLE, FL 32440 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	P
Name	PICKETT, MARK
Address	859 WHITE AVE.
City-State-Zip:	GRACEVILLE FL 32440

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

Title	D
Name	OMANI MENSAH, COZETTE
Address	1198 SANDERS AVE, APT #21
City-State-Zip:	GRACEVILLE FL 32440

Title	D
Name	WASHINGTON, JIMMY
Address	1880 HARTFORD HWY, APT G-36
City-State-Zip:	DOTHAN AL 36301

Title	DIRECTOR
Name	WHITE, PAMELA
Address	5863 SHERMAN DRIVE
City-State-Zip:	MARIANNA FL 32446

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 PASTOR 05/11/2016

Electronic Signature of Signing Officer/Director Detail — Date