

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000002131

Entity Name: IMPACT CENTER OF GRACEVILLE, INC.

Current Principal Place of Business:

5429 CLIFF ST.
GRACEVILLE, FL 32440

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 D
Name OMANI MENSAH, COZETTE
Address 1198 SANDERS AVE, APT #21
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 WASHINGTON, JIMMY
Address 1880 HARTFORD HWY, APT G-36
City-State-Zip: DOTHAN AL 36301

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

04/23/2015

Electronic Signature of Signing Officer/Director Detail

Date