

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49785

Entity Name: IMPOWER, INC.**Current Principal Place of Business:**111 W MAGNOLIA AVENUE
LONGWOOD, FL 32750**Current Mailing Address:**111 W MAGNOLIA AVENUE
LONGWOOD, FL 32750 US**FEI Number:** 65-0439778**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAZNIK, ANNA
111 W MAGNOLIA AVENUE
LONGWOOD, FL 32750 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	CHAIR
Name	CARD, CHIRS
Address	111 W MAGNOLIA AVENUE
City-State-Zip:	LONGWOOD FL 32750

Title	CEO
Name	BAZNIK, ANNA
Address	111 W MAGNOLIA AVENUE
City-State-Zip:	LONGWOOD FL 32750

Title	CFO
Name	VELASQUEZ, ISABEL
Address	111 W MAGNOLIA AVENUE
City-State-Zip:	LONGWOOD FL 32750

Title	TREASURER
Name	BILLHARTZ, MICHELLE
Address	111 W MAGNOLIA AVENUE
City-State-Zip:	LONGWOOD FL 32750

Title	SECRETARY
Name	DINKLAGE, MARIE
Address	111 W MAGNOLIA AVENUE
City-State-Zip:	LONGWOOD FL 32750

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: ISABEL VELASQUEZ**CFO****04/25/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date