

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49785

Entity Name: IMPOWER, INC.**Current Principal Place of Business:**3157 N ALAFAYA TRAIL
ORLANDO, FL 32826**Current Mailing Address:**3157 N ALAFAYA TRAIL
ORLANDO, FL 32826 US**FEI Number:** 65-0439778**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAZNIK, ANNA
3157 N. ALAFAYA TRAIL
ORLANDO, FL 32826 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	CHAIRMAN
Name	GAINER, BARRY
Address	3157 N ALAFAYA TRAIL
City-State-Zip:	ORLANDO FL 32826

Title	CEO
Name	BAZNIK, ANNA
Address	3157 N ALAFAYA TRAIL
City-State-Zip:	ORLANDO FL 32826

Title	CFO
Name	VELASQUEZ, ISABEL
Address	3157 N ALAFAYA TRAIL
City-State-Zip:	ORLANDO FL 32826

Title	VC
Name	SPOONER, JENNIFER
Address	3157 N ALAFAYA TRAIL
City-State-Zip:	ORLANDO FL 32826

Title	TREASURER
Name	CARD, CHRIS
Address	3157 N ALAFAYA TRAIL
City-State-Zip:	ORLANDO FL 32826

Title	SECRETARY
Name	SIMS, SARA J
Address	3157 N. ALAFAYA TRAIL
City-State-Zip:	ORLANDO FL 32826

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****02/23/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date